**APPLICATION FOR EMPLOYMENT *Date received:***

# ABOUT US:

The Community Living Project (CLP) individually supports people who have a disability to live their own unique and purposeful life of inclusion through having: home, relationships, competencies and highly valued roles in their community. Working closely with families, CLP helps to craft individualised support to assist each person with disability to take charge of their life and be welcomed, included and contributing to community life.

# T HE SUPPO RT WO RK ER’S ROLE IS TO:

* provide support which complements and enhances the person’s lifestyle and choices
* provide person centered support that reflects the person’s individual needs, aspirations and dreams for the future
* be an integral part of a team which may consist of the person’s family, friends and other support workers.

# ABOUT YOU:

Name: Gender: Male / Female *(pls circle)*

Address:

Email: Date of birth:

Phone: Home: Mobile:

Preferred mode of contact? Phone / mobile / text / email *(pls circle)*

Transport: own car/or access to reliable transport? Yes / No (*if no pls comment* ) Current driver’s licence: Yes / No Provisional: Yes / No

Insured: Third party / Comprehensive? Yes / No

# AVAILABILITY:

Support Workers are employed to provide support that is focused on the person’s individual needs. These support arrangements vary considerably for each person. Support may be across a seven day week and vary from a few hours a week, to longer shifts which may include overnight support.

# Please indicate (circle) the times of the week when you are available:

**Mon am/pm, Tues am/pm, Wed am/pm, Thurs am/pm, Fri am/pm, Sat am/pm, Sun am/pm, Overnight.**

Any specific times that you are NOT available, ***including restrictions due to international student/visitor visas :***

# EDUCATION:

**Completed education/qualifications or in the process of completing: (School, TAFE or University):**

**Do you hold current evidence of training in: Medication Management …** Yes / No

**Manual Handling ……………..** Yes / No

**First Aid ……………………………** Yes / No

**What personal development courses have you undertaken?:**

**Are you fluent in any other languages? Are you able to use sign language?**

W**hat computer skills /knowledge/interests do you have?**

**When you think about your education, what has it meant in terms of life choices/direction/vision or goals?**

**EMPLOYMENT HISTORY:**

|  |  |  |
| --- | --- | --- |
| **EMPLOYER** | **ROLE/POSITION** | **DATES EMPLOYED** |
|  |  |  |
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**What do you think was your major contribution with your recent employer/s?**

*Please attach your resume or details of other employment experience if available*

CLP does its utmost to “match” each person we support with a worker whose skills, interests and abilities will create and maximise opportunities that will enhance that person’s life. As this is a highly personalised process, we ask that you consider the following questions thoughtfully, as your responses will help us determine your potential to be matched with a person whom we support.

**What motivates you to pursue personalised support work?**

**Do you have any involvements in your local community? Please describe:**

**What do you have a passion for? What really motivates you?**

**What has been your greatest challenge in life?**

**What key things did you learn from this?**

**What life skills do you bring to the role of support worker?**

**What hobbies and interest do you have?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Have you had any experience with people who:** |  | | |
| **(i) experience a physical disability?** | **Yes** | **/** | **No** |
| **(ii) have speech difficulties due to physical disability?** | **Yes** | **/** | **No** |
| **(iii) use communication technology / equipment?** | **Yes** | **/** | **No** |

*Pls comment:*

# YOUR REFEREES:

We place great importance on being able to talk with the referees that you have nominated. We ask you to identify people who are willing to speak openly and honestly about your capacity and skills. Please ensure all phone numbers are correct and the referees know that you have nominated them.

# Someone who knows about how you might work e.g. Previous employer

**Name**: **Company/Agency:** **Ph:** **Relationship:** *(eg manager)*

# Someone (not a relative or friend) who can comment or offer insight on your skills e.g. Coach, Teacher, Group leader

**Name:** **Ph:** **Relationship**:

* 1. **Someone from your personal framework who has known you for a long time e.g. Colleague, Pastor**

**Name:** **Ph:** **Relationship**:

**MEDICAL HISTORY:**

**Is there anything about your health or physical capacity, which may affect your ability to carry out the requirements of this position?**

***Please note: A condition of employment will be an agreement to undergo any medical examination, at the expense of the employer, as may be requested by the employer, whether before or after commencement of employment.***

**A current and satisfactory DHS Screening Clearance is also necessary for employment. If you do not have this, you should apply for it as soon as possible (please discuss this process with us). We will process your application in anticipation of receiving it from you in the near future.**

**DECLARATION BY APPLICANT**

**I declare to the best of my ability that the answers to the above questions are true and correct. Signature of applicant:**………………………………………… **Date:**…………………………..

***We thank you for taking the extra effort that this application asks of you.***