

### Application Form – Support Worker

Date: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Do you have a reliable, registered vehicle? Yes  No

Do you have a current Driver Licence? Yes  No

**Do you have or are you willing to obtain:**

A current Working with Children Blue Card Yes  No

A current Disability Services Yellow Card Yes  No

A current Apply First Aid certificate Yes  No

A current CPR certificate Yes  No

A current National Police Check Yes  No

**Why do you want to work for Weeroona?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you worked with people with disabilities before?** Yes  No

**If yes, what type of work did you do?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you available to provide support to a person with a disability in your own home e.g. overnight or for a weekend?** Yes  No

**How did you hear about Support Work and Weeroona?**

\_\_\_\_\_  
\_\_\_\_\_

**Application Form – Support Worker**

**Life experience that would assist me to be a great Support Worker:**

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**These are a few of my favourite things:**

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**Things I really don't like:**

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**I am good at:**

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**What else do we need to know about you, that you haven't told us about?** E.g. skills you can share or pass on, hobbies, values.

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**If you were asked to write a motto or statement that describes your life and/or purpose, what would it be?**

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**When can you work?** (Be as specific as you can.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>AM</b>							
<b>PM</b>							
<b>Overnight</b>							

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Do you have any medical conditions or previous injuries that could impact on your ability to safely perform tasks in this position? (refer to Support Worker Position Description)

Yes  No

If yes, please provide detail below or, if you would prefer not to disclose such information on the application form at this time, please write 'prefer to discuss at interview'.

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**Please attach a copy of your resume, references and any other relevant information to this application.**

**Thank you for taking the time to complete this form. Applications can be:**

**Dropped into 16 Red Hill Road, GYMPIE  
Or  
Mailed to PO Box 172, GYMPIE  
Or  
Emailed to [info@weeroona.org.au](mailto:info@weeroona.org.au)**

**For further enquiries please call 5482 2451 during office hours**

<b>OFFICE USE ONLY:</b>	
Date received: _____	
<input type="checkbox"/> Entered into ProSims	
<input type="checkbox"/> Interview	
Details: _____	
<input type="checkbox"/> Applicant contacted	
Details: _____	
<input type="checkbox"/> Not suitable	
Person processing application: _____	Position: _____
_____	