

## **Application Form - Support Worker**

Date:									
Name:						D.O.B			
Address: _									
Postal Addre	ss:								
Email:									
Phone:	Mobile:								
Do you have	a reliable, re		Yes		No				
Do you have	a current Dri	Yes		No					
Do you have	or are you	willing to ob	tain:						
A current Wo	orking with Ch	Yes		No					
A current Dis	ability Servic	Yes		No					
A current Apply First Aid certificate?							No		
A current CPR certificate?							No		
A current Nat	tional Police (	Check			Yes		No		
Why do you	want to wor	k for Weero	ona?						
•	orked with pe type of work	-	isabilities befo	ore?	Yes □	No			
your own ho	ilable to prov ome eg overr ou work? (Be	night or for a		vith a disabi	•	Yes □	No		
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Su	ınday	
АМ									
PM									
Overnight									

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Version: June 2017

Review Due: 29.6.2019

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Form June 2017.docx



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Tell us about yourself by completing the following:

Life experience that would assist me to be a great Support Worker:						
These are a few of my favourite things:						
Things I really don't like:						
I am good at:						
What else do we need to know about yo share or pass on, hobbies, values	ou, that you hav	ren't told us abo	ut? Eg skills you can			
If you were asked to write a motto or sta what would it be?	atement that de	scribes your life	and/or purpose,			
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Do you have any medical conditions or previous injuries that coulon your ability to safely perform tasks in this position? (refer to Sul Worker Position Description)	
If yes, please provide detail below or if you would prefer not to application form at this time, please write 'prefer to discuss at interest.	
How did you hear about Support Work and Weeroona?	
Please attach a copy of your resume, refer relevant information to this app	
Thank you for taking the time to complete this form	n. Applications can be:
Dropped into 16 Red Hill Road, G	/MPIE
Or Mailed to PO Box 172, GYMPI	E
Or Emailed to info@weeroona.org	.au
For further enquiries please call 5482 2451 du	
OFFICE USE ONLY:	
Date received:	
☐ Entered into ProSIMS	
□ Interview	
Details:	-
☐ Applicant contacted	
Details:	
□ Not suitable	D 28
Person processing application:	Position: