



**Australian Greek Welfare Society  
Community Care Worker  
Employment Application Form**

**How did you find out about this position?**

- Word - of -Mouth
- Newspaper – (please specify) \_\_\_\_\_
- Radio – (please specify) \_\_\_\_\_
- Other – (please specify) \_\_\_\_\_

**1. PERSONAL DETAILS**

**Title:** Mr/Mrs/Ms /Other \_\_\_\_\_

**Surname** \_\_\_\_\_

**Given Names** \_\_\_\_\_

**Preferred Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ **Postcode** \_\_\_\_\_

**Home Number** \_\_\_\_\_ **Mobile Number** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**2. QUALIFICATIONS/EDUCATION**

School/ Uni/TAFE etc.	Year completed	Qualification Obtained

**3. PREVIOUS EMPLOYMENT**

Employer	Duration of Employment	Reason for Leaving
	From                  To	
	From                  To	
	From                  To	

**4. SKILLS & EXPERIENCE**

Do you feel adequately capable in assisting the client with the following tasks? Please circle.

- Toileting Yes No
- Dressing & Undressing Yes No
- Personal care/ grooming Yes No
- Transfers & mobility Yes No
- Use of mobility Aids Yes No
- Escorting to appointments Yes No
- Meal preparations Yes No
- Engaging in various community activities Yes No
- Home Care duties Yes No

**5. AVAILABILITY**

How many hours per week are you available for work? \_\_\_\_\_ (LIST TIMES BELOW)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM							
TO							

- Do you have a valid Driver’s License?  Yes  No
- Do you have access to a car?  Yes  No
- Do you or can you get liability insurance on your vehicle?  Yes  No

Do you have a pre-existing injury that may preclude or restrict you from performing some of the tasks indicated in the position description?

Yes  No

If Yes, Please specify:

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If Yes, would you be prepared to undergo a medical and/or O.T. Assessment?

Yes  No

**6. REFEREES & REFERENCES**

Name		Contact (Phone or Mobile)

Please inform your Referee that you have provided AGWS with their contact details.

**7. CONDITIONS OF EMPLOYMENT**

- I agree to undergo a Criminal History Record Check and I confirm that I do not have any convictions or police record that may preclude me from working in the aged care sector.
- I agree to provide a Statutory Declaration regarding Criminal History Checks for overseas born workers.
- I grant AGWS permission to check references and to verify my previous employment and quality of work.

**I understand and agree that if my application for employment is accepted:**

- I will abide by all the policies, rules and procedures of the Australian Greek Welfare Society and all relevant legislation including OH&S Act (2006) and the Aged Care Act (2004) legislations.
- I understand that I will be subject to a changing roster, varying shifts and hours each week to meet the needs of the programs.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please attach you CV to the Application Form and post to:**

**Executive Director**

**Australian Greek Welfare Society**

**7 Union Street**

**BRUNSWICK VIC 3056**