



# Application to be a support worker with Assist

## Personal Details

Name..... Date of Birth ...../...../.....

Address ..... Suburb..... Postcode.....

Phone (home)..... Phone (mobile): .....

Email address..... Gender (M/F) .....

Do you have access to a motor vehicle (Y/N)..... Drivers Licence NO:.....

Qualifications / Skills .....

.....  
.....  
.....

Certificates / Courses Attended (include care attendant, aged or disability care) .....

.....  
.....  
.....

Do you have any Allergies ? .....

.....  
How did you hear about Assist ?.....  
.....

Companies / Agencies who you have previously supplied these type of services ?

Company	Service Provided	Contact Name / Phone no:	Date of last service
<u>1</u>			
<u>2</u>			
<u>3</u>			
<u>4</u>			

What type of Services Can you provide ?

1.....  
2.....  
3.....

Please indicate what tpe of services you are willing to provide:

Care Attendant: assist daily living, showering, dressing, grooming, meal prep, medication prompt YES / NO  
 Domestic Cleaning: dusting, vacuuming, washing, mopping, cleaning bathrooms / toilets, sweeping. YES / NO  
 Transport Assistance: assistance with transport, shopping, bill paying, outings. YES / NO  
 Social Support: companionship & outings YES / NO  
 Home and Garden Maintenance: lawn mowing, gutter cleaning and general home maintenance YES / NO

Please indicate the times when you will be available to provide services to Assist :

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6.00am – 9.00am							
9.00am – 12.00midd							
12.00 – 3.00pm							
3.00 – 6.00pm							
6.00pm – 12midn							
Overnight Care							

Assist HomeCare understands that your availability may change from time to time !

Do you have a Police Clearance ? YES / NO Date Obtained ...../...../.....  
 Do you have a Manual Handling Certificate ? YES / NO Date Obtained ...../...../.....  
 Do you have a Current First Aid Certificate ? YES / NO Date Obtained ...../...../.....  
 Do you have a ABN number YES / NO Date Obtained ...../...../.....

You will be required to obtain a police clearance prior to providing us with services

Languages spoken: .....

Accident / Illiness emergency contact: Name:.....  
 Phone.....Mobile.....

Have you previously had a Workcover claim? If so please indicate details of this & other claims

(You don' have to answer this by law but this will ensure we don't put you at risk) .....  
 .....  
 .....

Referee Names: (Character and Workplace Referees)

- 1 .....
- 2 .....
- 3 .....
- 4 .....

Applicant / Signed ..... Date: .....

*Assist HomeCare requires to sight all original copies of qualifications, certificates and National Police Clearances and will arrange to meet with you at your convenience.*

**Send to: Personnel Manager, PO Box 80 Glenside SA 5065 or Fax to 8338 2255**