



EMPLOYMENT APPLICATION FORM

POSITION APPLIED FOR: _____

Please specify

DATE: _____

A) PERSONAL DETAILS

Title: _____ First Name: _____ Surname: _____

Mr/Mrs/Miss/Ms/Dr/Mx/Other

Mobile Number: _____ Email Address: _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

B) RIGHT TO WORK IN AUSTRALIA

Do you have the right to work in Australia? Yes No

Do you have any work restrictions/conditions? Yes No

If YES, please submit a copy of your working conditions Visa with this application and list the work restrictions/conditions below:

WATCH has an agreement with the Department of Immigration and Citizenship to check working conditions of Visas. Do you give permission for WATCH to conduct a check on your working rights and conditions? Yes No

C) SAFETY CHECKS

1. NDIS WORKER SCREENING CHECK

It is mandatory that applicants undergo a NDIS Worker Screening Check before employment. Do you have a NDIS Worker Screening Check? Yes No

If YES, NDIS Screening Number: _____ Expiry: _____

2. INTERNATIONAL POLICE CHECKS

It is mandatory that applicants who have resided overseas for more than 12 months in the last ten years undergo an International Police Check.

Have you lived in an overseas country for more than 12 months in the last 10 years?

Yes No

If YES, which country/countries? _____

EMPLOYMENT APPLICATION FORM

C) SAFETY CHECKS (continued)

3. WORKING WITH CHILDREN CHECK

It is WATCH policy that all applicants undergo a Working with Children Check before employment.

Do you have a current Working with Children Check? Yes No

If your application is successful, you will be required to obtain a Working with Children Check www.workingwithchildren.vic.gov.au.

4. DRIVER'S LICENCE & VICROADS DRIVER DEMERIT POINT HISTORY REPORT

Do you have a current Victorian Driver's Licence? Yes No

Do you have any demerit points accumulated against your Driver's Licence in the last 3 years? Yes No

If Yes, please advise the number of penalty points currently accumulated against your Licence in the last 3 years: _____

If your application is successful, you will be required to obtain a [VicRoads Driver History Report](#). You can apply for this online or in person at a VicRoads Centre.

Do you have any special conditions applied to your Licence? Yes No

If YES, please specify: _____

D) QUALIFICATIONS / TRAINING

1. CURRENT FIRST AID & CPR TRAINING

Do you have current first aid training? Yes No Expiry: _____

Do you have current CPR training? Yes No Expiry: _____

Do you have a USI number (Unique Student Identifier)? USI: _____

2. CURRENT STUDIES

Are you currently studying? Yes No

If YES, what are you studying and when will your studies be completed?

Course Name: _____

Completion Date: _____

3. RELEVANT QUALIFICATIONS

Have you completed a minimum of a Certificate III / IV (or above) in Disability Studies or a relevant qualification?

Yes No Currently Undertaking Interested in Undertaking

EMPLOYMENT APPLICATION FORM

D) QUALIFICATIONS / TRAINING (continued)

4. OTHER QUALIFICATIONS & SKILLS

Please describe any other skills or qualifications you have that may be useful. For example, ability to speak another language.

E) WORK AVAILABILITY

For Day Service Supports and Home & Community Supports positions, what days and hours are you available to work?

Working Days:	Work Hours:	
	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Tenure – What type of work are you looking for?

Permanent Full-Time Permanent Part-Time Casual

Are you required to give notice for a current employer?

Yes No

When are you available to start? Date: _____

If applying for a part-time or casual position, do you work for another employer?

Yes No

If YES, please advise WATCH for OH&S/COVID-19 purposes.

Do you hold a volunteer position that may impact your ability to work?

For example CFA volunteer Yes No

If YES, please advise WATCH for OH&S/COVID-19 purposes.

F) HEALTH AND SAFETY / OH&S

Are you able to fulfil the inherent requirements of the position you are applying for?

Yes No

If required, I consent to a medical examination to determine my capacity to safely perform the inherent requirements of the position I am applying? Yes No

EMPLOYMENT APPLICATION FORM

G) PRE-EXISTING INJURY DECLARATION FORM

In accordance with s.1.1.4.5 of the Workplace Injury Rehabilitation and Compensation Act 2013 (WIRC Act), you are required to disclose any or all pre-existing injuries, illnesses or diseases suffered by you which could be accelerated, exacerbated, aggravated or caused to recur or deteriorate by you performing the responsibilities associated with the position you are applying for. In making this disclosure, please refer to the Job Description, which includes a list of responsibilities and physical demands associated with the employment. Where you have a pre-existing condition, consideration will be given to reasonable modification to the environment or tasks if at all possible or practicable.

Please note that, if you fail to disclose this information or if you provide false and misleading information in relation to this issue, under s.1.1.4.5 of the WIRC Act you and your dependants may not be entitled to any form of workers' compensation as a result of the recurrence, aggravation, acceleration, exacerbation or deterioration of a pre-existing condition arising out of, in the course of, or due to the nature of your employment. Also, giving of false information in relation to your application may affect your future employment.

DECLARATION

I, _____, declare that:

- I have read and understood this form and the Job Description. I understand the responsibilities and physical demands of the employment.
• I acknowledge that I am required to disclose all pre-existing conditions which I believe may be affected by me undertaking the employment.
• I acknowledge that failure to disclose this information or providing false and misleading information may result in invoking section 1.1.4.5 of the Workplace Injury Rehabilitation and Compensation Act 2013 (WIRC Act), which may disentitle me or my dependents from receiving any workers' compensation benefits relating to any recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing condition which I may have arising out of, in the course of, the employment.

Do you have injuries, illnesses or diseases which could be accelerated, exacerbated, aggravated or caused to recur or deteriorate by you performing the responsibilities associated with the employment for example, chemical or other allergies, hay fever, asthma, back injury etc.? Yes No

If YES, please give details:

(If you need more space, please attach a separate sheet.)

Have you previously made any Workers' Compensation claims? Yes No

If YES, please give details:

Table with 4 columns: YEAR, NATURE OF INJURY, MEDICAL CLEARANCE TO RETURN TO WORK OBTAINED? Yes / No, CURRENT RESTRICTIONS

I acknowledge and declare that the information provided in this form is true and correct in every particular.

Signature

Name

Date