



# Daughterly Care Community Services

## Caregiver Employment Application Form

1. Please complete the Application Form.
2. Scan & Email it to [recruitment@daughterlycare.com.au](mailto:recruitment@daughterlycare.com.au)  
Alternatively, post it to Po Box 670, Narrabeen NSW 2101

1. Personal Details			
First Name		Surname	
Date of Birth		Mobile number	
Gender Identity	M / F / Other	Email Address	
Home Address			
Are you an Australian Citizen or Resident?	<input type="checkbox"/> Australian citizen <input type="checkbox"/> Australian resident <input type="checkbox"/> Visa _____		
Have you been a citizen or permanent resident of a country other than Australia since turning 16?	<input type="checkbox"/> No <input type="checkbox"/> If Yes, which country? _____		
Country of Birth		Is English your first language?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you speak any languages other than English?	<input type="checkbox"/> Yes If Yes, please list your languages: _____ <input type="checkbox"/> No		
2. Documents required for employment			
Police Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No – Please do not apply for one, we will apply and pay for it		
Driver's Licence	<input type="checkbox"/> Yes <input type="checkbox"/> No – this role requires you to have a full Driver's Licence (no P plates)		
Car to drive to work	<input type="checkbox"/> Rego & CTP Insurance <input type="checkbox"/> Fully Comprehensive Car Insurance <input type="checkbox"/> No – this role requires you to have your own car to drive clients to appointments, etc		
Current First Aid Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No – You do not need to have a First Aid Certificate at the time of employment. You have up to 3 months to obtain it and you need to update it every 3 years.		
Are you a Registered Nurse or Enrolled Nurse?	<input type="checkbox"/> Registered Nurse - please attach a copy of your Registered Nurse (division 1) Certificate <input type="checkbox"/> Enrolled Nurse <input type="checkbox"/> Ex-Registered Nurse <input type="checkbox"/> Ex-Enrolled Nurse <input type="checkbox"/> Neither		

### 3. More about you

Will *Daughterly Care* be your only employer?  Yes  No

If no:

- Who will you be working for as well as for *Daughterly Care*? \_\_\_\_\_
- How many hours/days will you be working for your other employer? \_\_\_\_\_
- Is your current role with another Aged Care Provider?  Yes, who? \_\_\_\_\_  No
- Are you working in a Nursing Home?  Yes, name? \_\_\_\_\_  No
- Are you working as a Private Carer independently?  Yes \_\_\_\_\_ (no. of days)  No

What best describes why you work?

- Main breadwinner  Yes  No
- My family relies on my income to help pay the mortgage/rent/living expenses  Yes  No
- Pocket money – My family is not reliant on my income  Yes  No
- Pensioner – I can only work a certain number of hours per week  Yes  No
- Other \_\_\_\_\_

### 4. Health & Wellbeing (legally you are required to answer these questions accurately and truthfully)

Have you been vaccinated for COVID-19?	<input type="checkbox"/> Yes To work in Aged Care in NSW, it is <b>compulsory (set by NSW Dept of Health) to be triple vaccinated (or planning on being vaccinated)</b> . You will need to provide a copy from MyGov and/or your Immunisation History with dates: <ul style="list-style-type: none"> <li><input type="radio"/> Covid-19 1 &amp; 2</li> <li><input type="radio"/> Covid-19 Booster (no 3)</li> <li><input type="radio"/> Covid-19 Booster (no 4) – not compulsory</li> </ul> <input type="checkbox"/> No, I don't want to be vaccinated – <b>unfortunately you cannot work in Aged Care</b>
Have you received the 2022/2023 Flu Vaccination	<input type="checkbox"/> Yes <input type="checkbox"/> No (it's not compulsory for in-home care)
Do you smoke or vape?	<input type="checkbox"/> No, I do not smoke or vape <input type="checkbox"/> Yes      If yes, how many per hour? _____ Per day? _____ Do you wear a patch while working with clients? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you smoke in your car? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have osteoporosis?	<input type="checkbox"/> No <input type="checkbox"/> Yes – if yes, please describe your condition _____ _____
Do you have an existing physical, medical or psychiatric condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes – if yes, please describe your condition _____ _____ _____
Do you, or have you ever had a bad back/neck?	<input type="checkbox"/> No <input type="checkbox"/> Yes – if yes, please describe your condition _____ _____ _____
Do you have a bad shoulder, leg, knee, hip or bulging spinal discs?	<input type="checkbox"/> No <input type="checkbox"/> Yes – if yes, please describe your condition _____ _____ _____

**4. Health & Wellbeing (legally you are required to answer these questions accurately and truthfully)**

Do you or have you ever had any other injuries that we should take into consideration when scheduling you for work?

No  Yes – if yes, please describe your condition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever claimed Worker’s Compensation in a previous role?

No  
 Yes

- Describe how the injury happened?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What date did the injury happen?  
\_\_\_\_\_
- How much time did you have off work?  
\_\_\_\_\_
- How much time were you on suitable duties?  
\_\_\_\_\_
- If you were on suitable duties, how many hours did you work per week?  
\_\_\_\_\_
- What restrictions or limitations did you have on your certificate?  
\_\_\_\_\_  
\_\_\_\_\_
- What date did you come off Workers Compensation?  
\_\_\_\_\_

Please note - we may need you to visit our Doctor and also speak to your Doctor to ensure you are fit to work for Daughtery Care Community Services.

**Please Be Aware Of Section 79 Worker’s Compensation Board And Assistance Act 1981**

Where it is proved that the worker has, at the time of seeking or entering employment in respect of which she/he claims compensation for a disability, wilfully and falsely represented himself/herself as not having previously suffered from the disability, the Board may in its discretion refuse to award compensation which otherwise would be payable.

I acknowledge completely that the deliberate giving of false information, with respect to any of the above areas, shall lead to dismissal.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**5. Employment History: tell us about your current/previous work history, even if not in Aged Care**

**Most recent employer details**

Company name of your most recent employer

Your position/title in that role

Are you currently employed with this employer?

Yes

No

If no, reason for leaving

Dates you were/are employed

From \_\_\_\_\_ To \_\_\_\_\_

Main duties

**Previous employer details**

Company name of your past employer

The reason why you left

Your position/title in that role

Dates you were employed

From \_\_\_\_\_ To \_\_\_\_\_

Main duties

**TELL US MORE INFORMATION ABOUT YOU** – have you cared for loved ones or older people in their home, i.e. volunteer or have cared for a family member? How did you assist them? Let us know more about your skillset and your past work experience.

## 6. Your work availability and rate of pay

### HOURLY care work:

- Are you able to assist or supervise our clients with showering, grooming, dressing, hygiene, cooking?
- We aim to give you a mix of regular 'ongoing', short term and one off clients.
- When people first start with us, you will receive one off and short term work as you build up your 'ongoing' clients.

### LIVE-IN care work:

- Are you an exceptional, highly experienced in-home carer wanting to care for high care clients in their SYDNEY home.
- Our highest income earners are our Live in Carers who are experienced age care workers who are familiar with caring for frail elderly people or people living with dementia. Some of our Live in Care clients need more than 8 hours of care and in that case either the family assist or we assign hourly workers to reduce the live in carer's work load to 8 hours, per every 24 hours.

### HOURLY CARE – RATES OF PAY + 10.5% SUPER:

	Base Rate	25% Casual Loading	We pay Hourly Rate
Mon to Fri	\$ 25.52	\$ 6.38	\$ 31.90
Sat	\$ 35.73	\$ 8.93	\$ 44.66
Sun	\$ 45.94	\$ 11.48	\$ 57.42
Public Holiday	\$ 56.14	\$ 14.04	\$ 70.18

### LIVE-IN CARE - RATES OF PAY + 10.5% SUPER:

	Base Rate	25% Casual Loading	We pay Daily Rate
Mon to Fri	\$ 294.14	\$ 73.54	\$ 367.68
Sat	\$ 306.04	\$ 75.62	\$ 382.56
Sun	\$ 321.98	\$ 80.50	\$ 402.48
Public Holiday	\$ 544.13	\$ 136.03	\$ 680.16

### ACTIVE & INACTIVE OVER NIGHT CARE - RATES OF PAY:

Active Over Night Care	Base Rate	25% Casual Loading	Total Hourly Rate
Mon to Fri	\$ 28.58	\$ 7.15	\$ 35.73
Sat	\$ 35.73	\$ 8.93	\$ 44.66
Sun	\$ 45.94	\$ 11.48	\$ 57.42
Inactive Overnight Care 10pm to 6am + 10.5% Super	Per night	25% Casual Loading	Total Rate Per night
Mon – Fri Inactive Sleepovers	\$ 82.43	\$ 20.61	\$ 103.04
Sat & Sun Inactive Sleepovers	\$ 82.43	\$ 20.61	\$ 103.04

### EXPLANATION OF SLEEPOVERS OR NIGHT CARE:

^ **Inactive sleepovers** normally have 4 hours attached payable at the hourly rate.

- Inactive sleepovers consists of being woken up once a night and you are paid a flat fee from 10pm to 6am.
- If an active sleepover is booked in advance, you are not allowed to sleep at all & are paid for all time booked.

○ **Live in care is NOT paid at active rates.**

If a client has a change in pattern and is up during the night then this needs to be reported so that solutions can be found or a different type of care put in place.

## **MILEAGE:**

If you use your car to drive clients to appointments or to do shopping / errands for them you are paid **92c/km**.

### **Pay Between Clients**

From 1<sup>st</sup> July 2022, the Award has been updated to pay **Time + Mileage between clients or a flat Shift Break Allowance**.

### **Time + Mileage is paid between Immediately Successive Clients**

*Daughterly Care Community Services (DCCS)* Hourly Caregivers are paid for their time spent driving from their first job to the immediately successive second, third, fourth jobs as well as the for kms driven.

Immediately successive means that you drive from your first job directly to your second job and start your second job immediately.

The time taken to drive between 'immediately successive clients' is determined by an estimate using Google Maps by our MyCarePortal App (no employee in Australia gets paid mileage or time to travel from their home to their job, nor from their job back to their home).

Mileage is paid at 92cents/km. You must drive the most direct route between jobs. Regardless of the route you actually drive, MyCarePortal pays mileage and time based on an estimate.

### **Shift break Allowance**

When your second, third or fourth job is NOT immediately after the job prior, then we do NOT pay time or mileage, instead we are required to pay a *Flat Shift Break Allowance* of \$18.34 for the first shift break in a day and \$5.93 for the second shift break allowance on the same day.

We don't need your agreement to roster the first shift break however we do require your agreement to roster the second shift break allowance. Don't decline a job because it involves payment of a second Shift Break Allowance because there could be a change to your roster prior to actually working that job and your 2nd shift break might become your first shift break! Or your second shift break might disappear due to a new job or a job extending.

You don't want to give up 2 hours, or more of work, because of the lower second shift break allowance. Instead have a 'cup half full' attitude – casual Care Workers didn't get paid any Shift Break Allowance prior to 1/7/2022, so you are ahead in every way.

## **INCREASE YOUR TAKE HOME PAY BY SALARY PACKAGING:**

One of the benefits of working with *DCCS* is that we are a registered Not-For-Profit Charity. This means you can apply to Salary Package your income.

Every Australian employee who earns less than **\$18,200 per annum** does not pay tax.

Once you earn over \$18,200 you will start paying tax. However, because you will be employed with *DCCS*, you can **earn an additional \$18,547per annum before you pay any tax**.

**This means, you will be able to work for DCCS and earn @\$36,747pa before you pay any tax to the ATO.**

Should you be accepted for employment, as part of the orientation process, we will explain this to you in detail and set you up.

## 7. Work options

**High-Care clients (24 hour presence) - Live-in-Care**, i.e. ideally we like you to work 3 or 4 days, however we will accept 2.

**Tick which consecutive days are you available for LIC:**

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
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Available consecutive days you can work

**Low-Care clients, i.e. working @2hr services driving from client to client**

**Tick which days are you available for Hourly work:**

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
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I can work on these days

I might be able to work on these days if asked first

Earliest **Starting** time you can start a service

Latest **Finishing** time you need to finish a service

I cannot work on these days

@How many hours are you wanting to work **each day**

Ideally, what is the **maximum hours of work per week** you would like to work with DC?

Ideally, what is the **minimum hours of work per week** you need to work with DC?

Do you have a **limit of hours you can work**, eg you are on the pension?  Yes  No

**Locations of work** – are you prepared to drive to the following locations for Hourly work:

Mosman  Hornsby & Upper North Shore  Chatswood & Lower North Shore  Northern Beaches

**How far are you prepared to drive to work from home for a 2 hour job?** \_\_\_\_\_ (klms), eg 10 klms; 20 klms

**Have you any upcoming holidays planned?** If yes – please provide dates – even if it is school holidays or one-off days you can't work.

## 8. Your skills in Aged Care

**Dementia experience:**

**No. of Years**

Total number of years you have been paid to care for older people with dementia

Total number of years you have cared for family members (unpaid) with dementia

**Dementia questions – please answer the following:**

If a client repeats herself constantly, **how do you handle that?**

If you were told the main role of your service is to provide a meal for a client and ensure they ate the meal but the client refused to eat saying they have eaten (but you know they haven't), **what would you do you?**

If a client living in the community refused to let you in for a service, <i>what might you say to get in to do the service?</i>	
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<b>Personal Care experience</b>	Have experience	No experience but willing to be trained	NOT comfortable doing
<b>FEMALES</b>			
<b>Supervise</b> FEMALE clients going to the toilet; showering; dressing, etc			
<b>Assist</b> FEMALE clients to <b>shower</b> (client can wash some parts of their body, you may need to wash their back and areas they cannot reach)			
<b>Assist</b> FEMALE clients to go to the <b>toilet</b> (walking the client to the bathroom, assisting the client to sit properly on the toilet, helping the client to stand up, help the client pull up their pants. Your client may need assistance wiping themselves)			
<b>MALES</b>			
<b>Supervise</b> MALE clients going to the toilet; showering; dressing, etc			
<b>Assist</b> MALE clients to <b>shower</b> (client can wash some parts of their body, you may need to wash their back and areas they cannot reach)			
<b>Assist</b> MALE clients to go to the <b>toilet</b> (walking the client to the bathroom, assisting the client to sit properly on the toilet, helping the client to stand up, help the client pull up their pants. Your client may need assistance wiping themselves)			

<b>Complex Personal Care experience (High Care clients)</b>	Have experience	No experience but willing to be trained	NOT comfortable doing
Toileting - full assistance with FEMALE client			
Toileting - full assistance with MALE client			
Shower – full assistance with FEMALE client (cannot wash any parts of their body)			
Shower – full assistance with MALE client (cannot wash any parts of their body)			
Changing urine catheter bags			
Changing colostomy bowel bag			
Using Kylie Sheet on bed			
<b>Transfers Experience</b>			
Able to help client transfer			
Experienced to transfer client by hoist – full hoist and standing hoist, i.e. knowledge of different slings & standing hoist			
Experienced using Pelican Belt			
Experienced rolling, turning client in bed using a slide sheet			



<b>Basic Palliative Care Experience</b>	Have experience	No experience but willing to be trained	NOT comfortable doing
Oral hygiene, e.g. mouth swabs			
Providing pressure area care, eg rubbing cream on skin and ensuring pressure is kept off the area			
Provide a sponge bath in bed			
<b>Clients you will care for</b>			
Will you work with pets?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of client <i>won't</i> you work with?			

<b>9. Other skills and qualifications</b>	
<b>Musical abilities</b>	
Can you play any musical instruments? If Yes, please state what type of musical instrument:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you sing to clients	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any special skills, interests, hobbies, passions that might help us match you to clients? If Yes, please state:	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Please only tick which qualifications you can provide a Certificate for and bring all certificates to interview</b>	
<input type="checkbox"/> Manual Handling training <input type="checkbox"/> Dementia Essentials – Provide support to people living with a Dementia (CHCAGE005) <input type="checkbox"/> MOOC – Understanding Dementia with UTAS <input type="checkbox"/> MOOC – Preventing Dementia with UTAS <input type="checkbox"/> Diploma of Community Services (Case Management) <input type="checkbox"/> Certificate IV in Ageing Support <input type="checkbox"/> Certificate IV in Leisure and Health <input type="checkbox"/> Certificate IV in Community Services <input type="checkbox"/> Certificate IV in Disabilities <input type="checkbox"/> Certificate III in Individual Support (Ageing, Home & Community) (CHC33015) <input type="checkbox"/> Certificate III in Aged Care	<input type="checkbox"/> Certificate III in Community Services <input type="checkbox"/> Certificate III in Allied Health Assistance <input type="checkbox"/> Certificate III in Health Services Assistance <input type="checkbox"/> Certificate II in Community Services (CHC22015) <input type="checkbox"/> Diploma of Nursing (HLT54115) <input type="checkbox"/> Certificate III Assistant in Nursing <input type="checkbox"/> Registered Nurse (registration current) <input type="checkbox"/> Ex-Registered Nurse (registration not current) <input type="checkbox"/> Enrolled Nurse (registration current) <input type="checkbox"/> Ex-Enrolled Nurse (registration not current) <input type="checkbox"/> Any other than Qualifications you have (don't need to be aged-care related): <hr/> <hr/>

## 10. Any previous convictions?

If you have been found guilty or have charges pending for theft, fraud, serious driving offences or any form of aggression towards another person please do not apply for a position with us. We will not employ you.

To be employed you must have a **current Police Certificate** which we will organise at our cost.

So if you have pending charges, please don't apply for work with us.

Have you been subject to disciplinary proceedings for misconduct or terminated by an employer? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you EVER been convicted of theft, fraud, poor driving, drugs, drink driving, assault or aggression to another person? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you under Police investigation or do you have police charges pending (or dropped) for theft, drugs, fraud, poor driving, and drink driving or aggravated assault to another person? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you under investigation for breach of the new <i>Code of Conduct for Aged Carers</i> that started on 1 December 2022? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you been advised that you HAVE or WILL be added to the <i>Banning Orders Register</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## 11. Your Declaration

I confirm the details in this application are correct and I have informed you of all matters of significance.

I understand that providing false information, including omitting relevant information in my application form will result in instant dismissal.

I authorise investigation of all statements in this application form and for reference list.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## 12. The Next Step – send your application back to us

Please **email** your completed employment application form to: [recruitment@daughterlycare.com.au](mailto:recruitment@daughterlycare.com.au)

Alternatively please mail your employment application form to: Vera Hannan, Recruitment Manager  
Daughterly Care Community Services Ltd  
PO Box 670, Narrabeen NSW 2101

Our phone number is (02) 9970-7333 for a confidential chat about the role you are applying for.