



# 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 the right to work. Enter name: _____		
Have you been a citizen or permanent resident of a country other than Australia before 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 – enter languages spoken: _____

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"/> Rego & 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 bring a copy of your Registered Nurse (division 1) Certificate to the interview <input type="checkbox"/> Enrolled Nurse <input type="checkbox"/> Ex-Registered Nurse <input type="checkbox"/> Ex-Enrolled Nurse <input type="checkbox"/> Neither
If you are a RN/EN are you looking for work?	<input type="checkbox"/> As an RN/EN only <input type="checkbox"/> As a Caregiver (paid as a Caregiver) but willing to do RN/EN work when available (paid as RN/EN) <input type="checkbox"/> As a Caregiver only

### 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
- ☐ Saving for my retirement ☐ Yes ☐ No
- ☐ Semi-retired ☐ Yes ☐ No
- ☐ Other- please tell us in your words \_\_\_\_\_

### 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 for Daughterly Care, it is <b>compulsory (advised 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 at our interview: <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 at Daughterly 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 nicotine 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 _____ _____ _____

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

Do you have a bad shoulder, leg, knee, hip or bulging spinal disc?

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

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

o Describe how the injury happened?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

o What date did the injury happen?

\_\_\_\_\_

o How much time did you have off work?

\_\_\_\_\_

o How much time were you on suitable duties?

\_\_\_\_\_

o If you were on suitable duties, how many hours did you work per week?

\_\_\_\_\_

o What restrictions or limitations did you have on your medical certificate?

\_\_\_\_\_  
\_\_\_\_\_

o 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 Daughterly 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 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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, including past work outside the Aged Care Sector.

## 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 per week, however we will accept 2 days per week.

Tick which consecutive days are you available for LIC:	Mon	Tue	Wed	Thu	Fri	Sat	Sun
<input type="radio"/> 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
<input type="radio"/> I CAN work on these days							
<input type="radio"/> I MIGHT be able to work on these days if asked first							
<input type="radio"/> Earliest <b>Starting</b> time you can start a service on each day you can work							
<input type="radio"/> Latest <b>Finishing</b> time you need to finish a service on each day you can work							
<input type="radio"/> I CANNOT work on these days							
<input type="radio"/> Ideally, how many hours are you wanting to work <b>each day</b>							
<input type="radio"/> Ideally, what is the <b>MAXIMUM hours of work PER WEEK</b> you would like to work with DC?							
<input type="radio"/> Ideally, what is the <b>MINIMUM hours of work per week</b> you NEED to work with DC?							

Do you have a **limit of hours you can work**, eg you are on the pension? ☐ No ☐ Yes, what is your limit p.w. \_\_\_\_\_

**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 your 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	
<b>Dementia questions – please answer the following:</b>	
If a client repeats themselves constantly, <i>how do you handle that?</i>	
If you were told the main role of your service was to provide a meal for a client and ensure they eat the meal, however the client refused to eat saying they have eaten (but you know they haven't), <i>what would you do?</i>	

If a client living in the community refused to let you in for a service, <i><b>what might you say to the client to get in to do the service?</b></i>	
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Personal Care experience	Have experience	No experience but willing to be trained	NOT comfortable doing
<b>FEMALES</b>			
Supervise FEMALE clients going to the toilet; showering; dressing, etc			
Assist 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)			
Assist 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>			
Supervise MALE clients going to the toilet; showering; dressing, etc			
Assist 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)			
Assist 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)			

  

Complex Personal Care experience (High Care clients)	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			
<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			

Basic Palliative Care Experience	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 clients who have pets in the home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of client <i>won't</i> you work with?			

9. Other skills and qualifications	
<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

Please only tick which qualifications you can provide a Certificate for and bring all certificates to your interview	
<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?

Are you being investigated for, have pending charges, have been found guilty 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.

☐ Yes ☐ No

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

Have you been subject to disciplinary proceedings for misconduct or terminated by an employer?  
If yes, please provide details:

☐ Yes ☐ No

Are you under investigation by an Employer or 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:

☐ Yes ☐ No

Are you under investigation for breach of the new *Code of Conduct for Aged Carers* that started on 1 December 2022? If yes, please provide details:

☐ Yes ☐ No

Have you been advised that you HAVE or WILL be added to the *Banning Orders Register* for Aged Carers? If yes, please provide details:

☐ Yes ☐ No

## 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 you to contact my referees.

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 discussion about the role you are applying for.