



Daughterly Care Community Services

Caregiver Employment Application Form

1. Please complete the Employment Application Form.
2. Scan & Email it to recruitment@daughterlycare.com.au
Alternatively, post it to Po Box 670, Narrabeen NSW 2101
3. If you are successful with your application, the Recruitment Manager will be in contact with you to organise an interview.

Documents to bring with you to your interview:

- Driver's Licence** (we will photocopy the original)
- Car Registration** paperwork – showing expiry date
- Car Insurance** or **CTP Insurance** paperwork (we prefer fully comprehensive insurance) – showing expiry date
- Tax file number** (to fill out on the ATO Tax Declaration Form)
- Bank details** (account name, Bank name, BSB number) where you would like to be paid into
- Superannuation** details e.g. fund name, account number, fund email, postal address & phone numbers plus SPIN number and USI number – please google to obtain this information
- Copy of **Training Certificates, Other Qualification Certificates**
- Copy of **MyGov Immunisation History/Digital Certificates – Flu or COVID vaccinations**
- Any **written references** from previous employers
- A copy of your **Birth Certificate**
- A copy of your **Centrelink Card (if applicable)**
- A copy of your **Medicare Card**
- A copy of your **Passport**
- A copy of your **Resume**

Certificates to be submitted **AFTER** first interview – these are not necessary when submitting your application form

- | | |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Current First Aid Certificate - <i>this can be obtained within your first 3 months of employment</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Current Police Check - <i>the expiry date cannot be less than 3 months old</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Daughterly Care Community Services

Caregiver Employment Application Form



Thank you for applying for a position with *Daughterly Care Community Services Limited*.

Daughterly Care Community Services specialises in providing care for older people and people living with dementia, living in the community.

1. Personal Details			
First Name		Surname	
Date of Birth		Mobile number	
Gender Identity		Birth Sex	
Home Address			
Postal Address			
Email Address			
Are you an Australian Citizen or Permanent Resident?	<input type="checkbox"/> Australian citizen <input type="checkbox"/> Australian resident <input type="checkbox"/> Other _____		
Have you been a citizen or permanent resident of a country, other than Australia since turning 16?	<input type="checkbox"/> If Yes, which country? _____ <input type="checkbox"/> No		
Country of birth			
Is English your first language?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Please specify: _____		

2. Documents required for employment	
Do you hold a current First Aid Certificate?	<input type="checkbox"/> Yes - If yes, bring a copy to your interview <input type="checkbox"/> No – You will need to obtain your First Aid Certificate within 3 months of employment
Do you hold a Police Clearance Certificate (less than 3 months old?)	<input type="checkbox"/> Yes - If yes, bring a copy to your interview <input type="checkbox"/> No – Please wait to apply for it until you have been asked to come for an interview
Do you hold a current Driver's Licence?	<input type="checkbox"/> Yes - If yes, bring the original to your interview <input type="checkbox"/> No – unfortunately this role requires you to have a Driver's Licence

2. Documents required for employment

Do you have a car you can use to drive to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No – if No, unfortunately this role requires you to have your own car
Do you have car insurance & rego papers	<input type="checkbox"/> Rego & CTP Insurance <input type="checkbox"/> Fully Comprehensive Car Insurance
Do you speak any languages other than English:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please list your languages: _____

3. More about you

What is the month/year you last travelled overseas and arrived back to Australia? _____ (mth) _____ (yr)

I confirm I have NOT returned from overseas in the last 7 days _____

Please sign

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 the other employer? _____

Are you currently working in a Nursing Home? Yes No

Are you currently working in Private Care? Yes No

Are you currently working in In-Home Care for another Provider? Yes No

Have you been receiving income support (i.e. job seeker) for the past 6 months? Yes No

Have you received employment services (i.e. job seeker) for the last 12 months? Yes No

Are you registered with an employment service provider (to help you find work) Yes No

Are you a single parent receiving income support payment, i.e. job seeker being the primary carer or parent) Yes No

What best describes your need to work and earn income?

Main breadwinner Yes No

My family relies on my income to help pay the mortgage/rent/living expenses Yes No

Pocket money – I want to work a few hours per week, I am not working for the money Yes No

Pensioner – I can only work a certain number of hours Yes No

Other: _____

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

<p>Have you received the 2021 Flu Vaccination</p>	<p><input type="checkbox"/> Yes - <i>If yes, please provide Immunisation History Record</i></p> <p><input type="checkbox"/> No - <input type="checkbox"/> I have not had time <input type="checkbox"/> I don't want to be vaccinated</p>
<p>Have you been vaccinated with AstraZeneca/Pfizer?</p>	<p><input type="checkbox"/> Yes - <input type="checkbox"/> I have received Vac 1 <input type="checkbox"/> I have received Vac 2</p> <p>- <i>If yes, please provide MyGov Immunisation History Record/Digital Certificate</i></p> <p><input type="checkbox"/> No - <input type="checkbox"/> I have not had time <input type="checkbox"/> I don't want to be vaccinated</p>
<p>Do you smoke or vape?</p>	<p><input type="checkbox"/> Yes – if yes: How many per hour? _____ Per day? _____</p> <p>Do you wear a patch while working with clients? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you smoke in your car? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> No, I do not smoke or vape</p>
<p>Do you have any allergies?</p>	<p><input type="checkbox"/> Yes – if yes, please describe your allergies _____</p> <p>_____</p> <p><input type="checkbox"/> No</p>
<p>Do you have osteoporosis?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes – if yes, please describe your condition _____</p> <p>_____</p>
<p>Do you have an existing physical, medical or psychiatric condition that we may need to take into consideration when scheduling your work?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes – if yes, please describe your condition _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Do you, or have you ever had a bad back/neck?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes – if yes, please describe your condition _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
	<p><input type="checkbox"/> No <input type="checkbox"/> Yes – if yes, please describe your condition _____</p>

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 discs**?

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?

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.

No Yes – if yes, please provide a copy of your final 'fit for pre-injuries medical certificate' plus the following details:

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 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 - to show us your work history, even if not in Aged Care

Current or Most recent Employer details

Company name of your current/past employer

Your position/title in that role

Are you currently employed with this employer?

Yes

No

If no, reason for leaving (if applicable)

Dates you were/are employed

From _____ To _____

Employer 2 – previous employment

Company name of your past employer

The reason why you left

Your position/title in that role

Dates you were employed with this company

From _____ To _____

Employer 3 – previous employment

Company name of your past employer

The reason why you left

Your position/title in that role

Dates you were employed with this company

From _____ To _____

GIVE US MORE INFORMATION ABOUT YOU - details you feel might be relevant to caring for older people in their home, i.e. volunteer or have cared for a family member?

6. Your work availability and rate of pay

Please consider the following work options we have available and let us know what you prefer:

HOURLY work:

- Are you looking for Aged Care work and/or currently studying in Aged Care?
- Are you able to assist or supervise our clients with showering, grooming, dressing, hygiene, cooking?
- Do you prefer morning services (e.g breakfast, showering, dressing, appointments, etc) or evening services (dinner, showering, companionship, etc).
- Do you have a current Driver's Licence AND a registered car to drive from client to client and also take our clients out to appointments?
- We aim to give you a mix of regular 'ongoing', short term and one off clients.
- Working with older people, their needs change quickly, so *we employ you as a casual caregiver*.
- When people first start with us, they generally receive one off and short term work and we build up their 'ongoing' clients over time.
- We are an employer of professional carers who choose to stay with us.
- **Please note with hourly work, each job is 2 hours minimum and we aim to run them back to back. You are paid mileage for kilometres in between immediately successive jobs (within an hour).**

LIVE-IN care work:

- Are you an exceptional, highly experienced in-home carer wanting to care for high care clients in their SYDNEY home.
- Are you looking at living in the client's home for a few days per week (@3-5 days a week with the same client)?
- You can choose which days of the week you prefer to work.

Explanation of Sleepovers or Night care:

Inactive sleepovers normally start and/or end with a couple of hours of hourly rate work.

- Inactive sleepovers consists of being woken up once a night and you are paid a flat fee from 10pm to 6am.
- However, if you are woken up 2 or more times by the client, you are paid as active hours at the hourly rate for the time you are up.
- If an active sleepover is booked in advance, you are not allowed to sleep at all.

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:

Taking your clients out with clients in your car 80c per klm

Where you drive **immediately between clients (i.e. with 1 hour or less between services)** \$1.05 per klm

NOTE:

- Mileage is paid FROM your first client TO your last client **where the work is continuous**. Mileage between clients is paid at a higher rate to compensate for your time.
- Mileage is NOT paid for travel to your FIRST client nor from your last client to your home.
- Mileage is NOT paid between clients who DO NOT directly follow each other e.g. within the 1 hour break (we allow 30mins between clients to give you time to get to the next client – 30 mins or less is considered continuous).

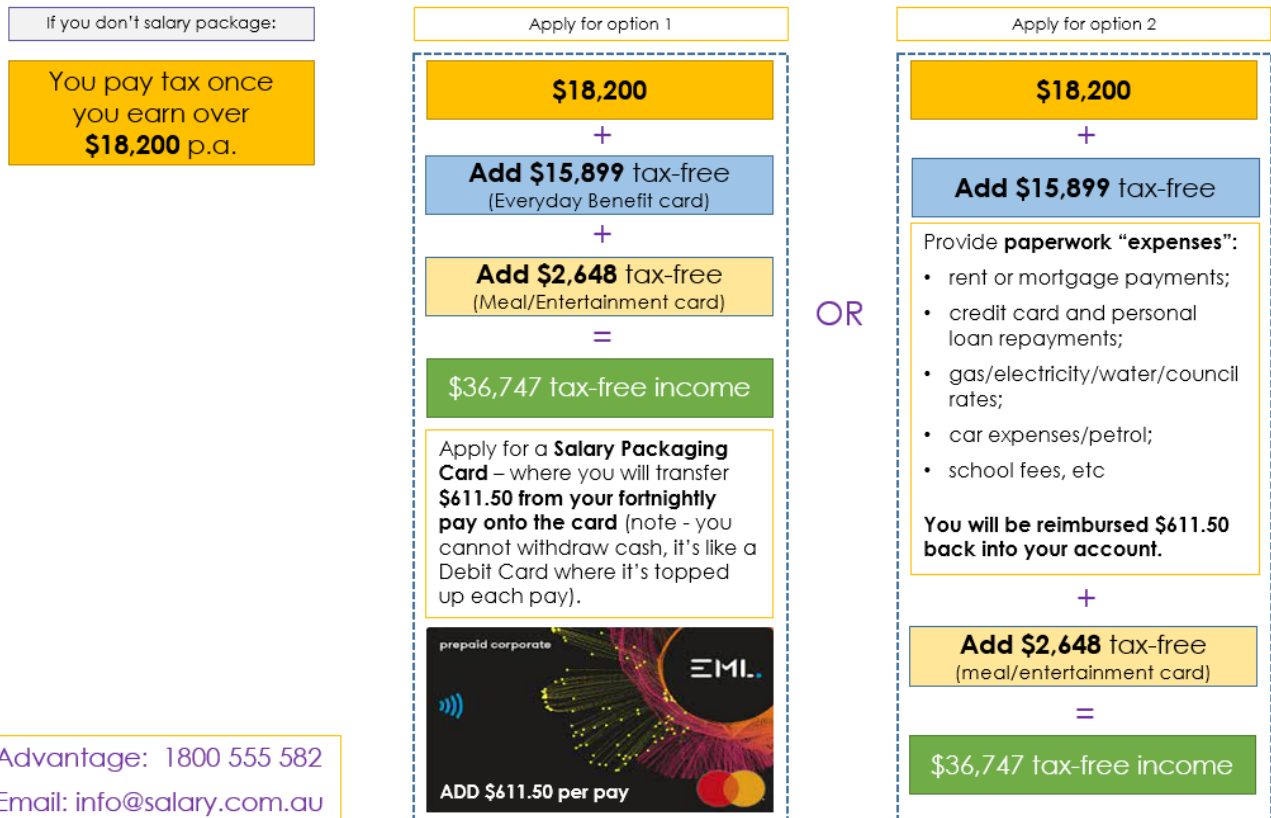
SALARY PACKAGING:

One of the benefits of working with *Daughterly Care Community Services* is we are a registered Not-For-Profit Charity. This means you can apply for Salary Packaging.

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

Once you earn over \$18,200 you will pay tax. However, because you will be employed with *Daughterly Care Community Services*, our employees can **earn an extra \$15,900 per annum before they pay tax**. This means, you will be able to work for Daughterly Care and earn @36,750 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.



Note: fees payable (for cards) and terms and conditions applies

7. Work options – HIGH care or LOW care

High-Care 24 hour Live-in-Care, i.e. living in a client's home for @3-4 days in a row

Which consecutive days are you available?	Mon	Tue	Wed	Thu	Fri	Sat	Sun
<input type="radio"/> Available to work							
<input type="radio"/> NOT available to work							

Are you looking for **Low-Care** work, i.e. working @2hr services driving from client to client

Which days are you available:	Mon	Tue	Wed	Thu	Fri	Sat	Sun
<input type="radio"/> Available to work							
<input type="radio"/> NOT available to work							
<input type="radio"/> MIGHT BE ABLE to work if negotiated							
<input type="radio"/> Available for ACTIVE Sleepovers							
<input type="radio"/> Available for INACTIVE Sleepovers							

What time can you start & finish per day:	Mon	Tue	Wed	Thu	Fri	Sat	Sun
<input type="radio"/> Earliest Start time							
<input type="radio"/> Latest Finishing time							

Ideally, how many hours per day are you wanting to work?	Mon	Tue	Wed	Thu	Fri	Sat	Sun

Ideally, how many **hours per week** are you wanting to work?

What are the minimum hours of work we can offer you?

Do you have a **limit on the number of hours you can work** e.g. you are on a pension?

Yes No

Please state the number of hours you are available to work per week while on the Pension:

No Hours _____

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

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

How far are you prepared to drive to work from home for a 2 hourly job? _____ (klms), eg 10 klms; 15 klms; 20 klms; 25+ klms

Annual leave – we always request for at least 2 weeks' notice for any leave needed

Have you booked any holidays and need to take time off work within the next 3 months?

Yes No

If yes, please provide dates:

8. Your skills and experience

Please indicate with a tick **what type of experience applies to you:**

Task	Have experience	No experience but willing to be trained	NOT comfortable doing
Personal Care - FEMALES			
Supervise FEMALE clients – going to the toilet; showering; dressing, etc			
Dressing FEMALE client			
Assist showering FEMALE client (client can wash some parts of their body, you may need to wash their back and areas they cannot reach)			
Assist FEMALE client to toilet (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 – but your client may need assistance wiping themselves)			
Full assistance to FEMALE client with toileting (i.e. as above plus wipe the client)			
Full assistance to FEMALE client to ‘pull up incontinence pants’ (i.e. you put on and pull up for the client)			
Personal Care - MALES			
Supervise MALE clients – going to the toilet; showering; dressing, etc			
Dressing MALE client			
Assist showering MALE client (client can wash some parts of their body, you may need to wash their back and areas they cannot reach)			
Assist MALE client to toilet (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 – but your client may need assistance wiping themselves)			
Full assistance to MALE client with toileting (i.e. as above plus wipe the client)			
Full assistance to MALE client to ‘pull up incontinence pants’ (i.e. you put on and pull up for the client)			
Dementia Experience			
Experienced with dementia clients or family	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Capable of handling reactive behaviours associated with dementia (challenging behaviours)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Capable of caring for 2 dementia clients at once	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Disabilities Experience			
Caring for physically disabled children / adults	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Caring for intellectually disabled children / adults	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Caring for adults with mental health issues	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Task	Have experience	No experience but willing to be trained	NOT comfortable doing
Complex Personal Care experience			
<i>(Note: These skills are not needed to care for some of our Live-in Care clients, however if you have this experience we would like to know)</i>			
Full shower - FEMALE client (client cannot wash any parts of their body so you need to)			
Full shower - MALE client (client cannot wash any parts of their body so you need to)			
Changing urine catheter bags			
Changing colostomy bowel bag			
Using Kylie Sheet on bed			
Doing pressure area care e.g. rubbing cream, ensuring pressure kept off area			
Giving bed sponges			
Transfers Experience			
Able to help client transfer			
Experienced to transfer client by hoist – full hoist and standing hoist, i.e. knowledge of different sling & standing hoist			
Experienced using Pelican Belt			
Experienced rolling, turning client in bed with slide sheet			
Basic Palliative Care Experience			
Basic knowledge of medication			
Oral hygiene			
Skin care			
Different stages of end of life			
Knowledge of palliative end of life stage			
Clients you will care for	Yes	No	Run it past me
Will you care for a client who smokes in their home?			
Will you work with pets ?			
Will you visit a client in a Nursing Home			
What type of client you won't work with or type of work you won't do?			

Number of years of paid experience	No. of Years
Total number of years you have been paid/employed to care for older people	
Total number of years you have cared for people diagnosed with a form of dementia	
Total number of years you have cared for newborns/toddlers/children	
Please only tick which qualifications you can provide a Certificate for:	
<input type="checkbox"/> Covid-19 Infection Control by Department of Health <input type="checkbox"/> Hand Hygiene Allied Health Online Learning – by HHA or NHHI <input type="checkbox"/> Palliative Care Online Training – with AHHA <input type="checkbox"/> Palliative Approach to Aged Care in the Community (COMPAC) <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) (CHC52015) <input type="checkbox"/> Certificate IV in Ageing Support (CHC43015) <input type="checkbox"/> Certificate IV in Leisure and Health (CHC43415) <input type="checkbox"/> Certificate IV in Community Services <input type="checkbox"/> Certificate III in Community Services (CHC32015) <input type="checkbox"/> Certificate III in Individual Support (Ageing) (CHC33015) <input type="checkbox"/> Certificate III in Individual Support (Ageing, Home and Community) (CHC33015) <input type="checkbox"/> Certificate III in Individual Support (Home and Community) (CHC33015) <input type="checkbox"/> Certificate III in Health Services Assistance (HLT33115) <input type="checkbox"/> Certificate III in Aged Care <input type="checkbox"/> Certificate III in Allied Health Assistance <input type="checkbox"/> Certificate III in Individual Support (Disability) <input type="checkbox"/> Certificate IV in Disabilities <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"/> Mothercraft Nurse/Midwife <input type="checkbox"/> Manual Handling training <input type="checkbox"/> Dementia Essentials – Provide support to people living with a Dementia (CHCAGE005) – usually comes under a Cert III qualification or similar <input type="checkbox"/> None of the above <input type="checkbox"/> Other Qualifications not listed above: <hr/>	
Musical abilities	
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

9. Please list 3 references

We will be calling the following people you nominate as a reference. They need to be people who **you directly reported to OR worked with** who can make comments about your work experience, skills and abilities (please do not include friends and neighbours) Examples can be managers, co-ordinators, rostering/scheduling, etc. **Please let them know we will be calling them.**

Referee No 1

Referee's Name	
Referee's Contact Number	
Referee's email address	
Referee's relation to you	

Referee No 2

Referee's Name	
Referee's Contact Number	
Referee's email address	
Referee's relation to you	

Referee No 3

Referee's Name	
Referee's email address	
Referee's Contact Number	
Referee's relation to you	

10. Any previous convictions?

If you have been found guilty or have charges pending for theft, fraud, serious driving offenses 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 by us you must have a Police Check that is less than three months old. We check on our new staff every month for their first 12 months of employment. So if you have pending charges, please don't apply for work with us. You may want to apply for this, as it can take some time to process.

Have you been subject to disciplinary proceedings for misconduct or terminated by an employer?

If yes, please provide details:

Yes

No

Have you EVER been convicted of theft, fraud, poor driving, drugs, drink driving, assault or aggression to another person?

If yes, please provide details:

Yes

No

Are you under Police investigation or have police charges pending for theft, drugs, fraud, poor driving, and drink driving or aggravated assault to another person?

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 reference list.

Name: _____

Signature: _____

12. The Next Step

Thank you for taking the time to complete this application.

Please **email** your completed employment application form to:

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.