

**CITY OF PORT PHILLIP  
APPLICATION FOR EMPLOYMENT**



Date: .....

**POSITION :**         **Respite Worker**

**1.     APPLICANT DETAILS:**

FIRST NAME: .....

SURNAME: .....

ADDRESS: .....

.....

.....

Post Code: .....

TELEPHONE:     BH : .....

                  AH : .....

FIRST LANGUAGE SPOKEN: .....

SECOND LANGUAGE SPOKEN: .....

APPLICANT CAN SATISFACTORILY READ OR SPEAK ENGLISH

YES                  NO

APPLICANT HAS A MOTOR VEHICLE

YES                  NO

IF YES, APPLICANT WILL USE MOTOR VEHICLE TO TRANSPORT CHILDREN

YES                  NO

**2. EDUCATION / QUALIFICATIONS**

Please state highest level attained and the subjects passed at this level.

Standard:	Standard:
Title:	Title:
Major Field of Study:	Major Field of Study:
Institution:	Institution:
Completion Date:	Completion Date:

**OTHER CERTIFICATES / QUALIFICATIONS:**

TITLE: .....

DATE OF COMPLETION: .....

TITLE: .....

DATE OF COMPLETION: .....

**DRIVERS LICENCE INFORMATION:**

DRIVER LICENCE NO: .....

EXPIRY DATE: .....

TYPE OF DRIVERS LICENCE: .....

**3. EMPLOYMENT HISTORY**

NAME AND ADDRESS OF EMPLOYER	POSITION HELD	DATES		REASON FOR LEAVING
		FROM	TO	
Current employer :				
Previous employer :				
Previous employer :				

Why are you interested in becoming a Respite Carer?

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What do you think the job will involve?

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What experience have you had working with children and young people with disabilities?

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What do you think you have to offer as a Respite Carer?

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**4. REFEREES**

Please provide the name, phone number, organisation and position title of two professional referees for reference checks.

1. Name: .....Tel: .....

Organisation: .....

Position: .....

2. Name: .....Tel: .....

Organisation: .....

Position: .....

## **5. CONDITIONS OF APPLICATION**

If invited to attend and interview for this position you may be required to provide the following:

1. Evidence that you are entitled to work in Australia eg. Birth certificate, passport or work permit.
2. Original educational qualifications, other certificates / training relevant to this position.
3. Original Drivers Licence.

## **6. PRE-REQUISITES FOR POSITION**

Applications must be aware of and agree to the following pre-requisites for the position.

1. The following is part of the assessment requirements for selected applicants
  - (i) Pre-employment Medical
  - (ii) National Name Police Check
  - (iii) Working with Children Check
  - (iv) First Aid Certificate Level 2
  - (v) Anaphylaxis Management Certificate
  - (vi) Undertake in house training
  - (vii) Certificate 111 Disability Work
2. Council operates a probationary employment period of six months, which applies to all employees.

## **7. CONFLICT OF INTEREST**

During the course of employment employees may be required to undertake duties in connection with areas of the operations of the Council which are subject to the competitive tendering requirements of the Local Government Act and that, in the course of those duties in particular, they will become aware of information confidential to the Council. In these circumstances, employees are expected to treat such information in the strictest confidence and not use the information to gain improper advantage for themselves or any other person.

No permanent employee of Council or its delegate shall be permitted to engage in additional employment outside their duties as an employee of Council without the express approval of Council.

## 8. CANVASSING OF COUNCILLORS

Any applicant who canvasses a Councillor with a view to obtaining special consideration for themselves in relation to the selection process will be disqualified from the recruitment process.

The personal information requested on this form is being collected by the council for the purpose of application for home based respite worker position. The personal information will be used solely by the council for that primary purpose or directly related purposes. Council may disclose this information to referees provided by the applicant. The applicant understands that the personal information provided is for the position of home based respite worker and that he or she may apply to the council for access to and/or amendment of the information. Requests for access and or correction should be made to Ali Griffin on 9209 6701.

I hereby declare that all information provided is true and correct.

\_\_\_\_\_  
(Applicants Signature)

\_\_\_\_\_  
(Date)

**Please return this form to:**

**City of Port Phillip  
Private Bag No. 3  
PO ST KILDA 3182**