

## Application to be an in home carer

Full name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_

Postcode \_\_\_\_\_ Phone \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of birth \_\_\_\_\_

Languages spoken \_\_\_\_\_

Do you have permanent residency status in Australia?  Yes  No

Do you have a visa to work in Australia?  Yes  No

If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

Current occupation \_\_\_\_\_

Please give a brief summary of your work history including experience with children and any relevant qualifications or training.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate your availability to provide in home care.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What hours are you prepared to work each day? \_\_\_\_\_

Is there a particular age group of children you would not be comfortable caring for?

Yes     No

If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

Are you willing to care for children from different cultural backgrounds?     Yes     No

Are you willing to care for children when they are sick or recuperating from an illness?

Yes     No

Would you feel comfortable caring for a child suffering from a common childhood infection?  
(eg measles, mumps and chickenpox)

Yes     No

Would you be willing to care for children with additional needs?     Yes     No

Do you have any skills or experience caring for children with disabilities?     Yes     No

If yes, please give details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a current driver's licence?     Yes     No

Driver's licence number \_\_\_\_\_

Are you prepared to transport children if required?     Yes     No

Do you have an available vehicle in a road worthy condition?     Yes     No

Are you prepared to maintain a smoke free environment whilst offering in home care?

Yes     No

Please supply the names, address and phone numbers of two professional referees (not family members) who have seen you working in a child caring capacity.

**Referee one**

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

**Referee two**

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Are you prepared to attend an interview and induction training to be held in our office at a later date?  Yes  No

I certify the above information is as far as I am abler to ascertain, correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_

The following are required before you can be registered?

- Seniors First Aid and CPR certificate - must be kept up to date
- Working with children positive suitability card
- Public liability insurance
- Medical certificate
- An agreement to abide by the policies and procedures of Wesley Mission Brisbane In Home Care Service
- An agreement to increase your child care skills through professional development.

Please return to:

**Wesley Mission Brisbane Family Day Care and In Home Care**

84 Kingsley Parade

Yeronga QLD 4140

P 3392 9799

F 3392 8982