



Employment Expression of Interest Form

Community Home Care is an Equal Opportunity Employer

POSITIONS OF INTEREST

Support Workers

Transport
 Personal Care / Domestic / Social Support
 Home Maintenance

Administration

Admin / Reception
 Logistics
 Finance
 Coordinator
 Management

Have you ever been previously employed by CHC? Yes No

PERSONAL DETAILS

First Name: _____ **Last Name:** _____

Address: _____ **Suburb:** _____ **Post Code:** _____

Phone: Home _____ **Mobile** _____

Email: _____ **D.O.B:** / /

Do you have a current WA Drivers' License? Yes No

If yes: License No: _____ Expiry: / / Classes: _____

Do you have a vehicle you can use for work purposes? Yes No

If yes, is this vehicle insured? Yes No

Essential for Home Maintenance/Gardener SW role -

- **Does this vehicle have a tow ball?** Yes No
- **If no, would you be willing to add a tow ball?** Yes No

EDUCATION & TRAINING

Qualification: _____

Institution: _____ **City:** _____ **Year:** _____

Qualification: _____

Institution: _____ **City:** _____ **Year:** _____

Other Licenses / Tickets / Certifications:

_____ Date issued: / /

_____ Date issued: / /

_____ Date issued: / /

WORK ELIGIBILITY

Are you an Australian Citizen? Yes No (If no, please provide the following):

***Visa Status:** Permanent Resident Work Visa Student Visa Other _____

Visa Expiry: / /

*Please note Community Home Care requires proof of employee's legal work rights in Australia. Only candidates with evidenced work eligibility in Australia can be considered for employment at Community Home Care.

HEALTH

A health condition is not an automatic barrier to employment with Community Home Care. Applicants who have a health condition are welcome to discuss its relevance to the position applied for by contacting the hiring Manager.

SECTION 79 OF WORKERS COMPENSATION AND REHABILITATION ACT

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

Have you ever made a Workers Compensation claim? Yes No
If yes, have you had a final medical clearance? *Yes No

*If YES, medical clearance to work must be provided.

Please specify any medications, pre-existing conditions/injuries/disability which may affect work for which you have applied:

Do you suffer from any back, neck, shoulder or knee complaint? Yes No

Have you worked in health care environment or been a patient outside of Western Australia in the last 12 months? *Yes No

*If YES, you must provide a MRSA Clearance Certificate.

Please note; some roles require candidates to undergo pre-employment medical testing. Are you willing to complete a pre-employment medical if necessary? Yes No

CONVICTIONS

SECTION 63.1 (1) AGED CARE ACT 1997

Community Home Care is obligated to ensure Police Certificates, not more than three years old, must be held by all staff members who are reasonably likely to have access to care recipients, whether supervised or unsupervised; and volunteers who have unsupervised access to care recipients.

Current Federal Police Clearance Yes or Willing to Obtain No
 If yes, date issued: ___/___/___

Do you have any current convictions for any offence from any court; or are you currently the subject of any charge pending before a court? Yes No

If yes, please give details:

WORKING AT COMMUNITY HOME CARE

Do you have experience working with elderly people or people with a disability?
 If yes, please provide details: Yes No

What motivates you to want to work at Community Home Care?

REFEREES

Please provide the contact details of two contactable, professional referees:	
Name:	Name:
Title:	Title:
Company:	Company:
Phone:	Phone:
Email:	Email:
Was this person your direct Supervisor? Y / N	Was this person your direct Supervisor? Y / N

How did you learn about Community Home Care?

Website
 Seek
 Word of Mouth
 Newspaper
 Other _____

If we currently have no immediate suitable positions vacant, would you like your EOI to be retained for consideration for similar vacancies which may arise in the next 12 months?
Yes No

DECLARATION

I declare the above statements to be true in all aspects. I acknowledge that any statement, which is found to be false or deliberately misleading, may be sufficient cause for rejection of employment, or if employed, liable for dismissal.

Name (Print): _____ Date: / /

Signature: _____

***PLEASE ATTACH WITH THIS FORM –**

A current copy of your CV or Resume', drivers' license, police clearance or evidence of police clearance application, together with any other relevant documentation and certificates that may support your Expression of Interest.

CHECKLIST

Office Use Only

- Up to date CV
- Driver's License
- Visa Details (if applicable)
- Relevant Qualifications / Certificates / Licenses / Tickets
- Police Clearance (not greater than 3 months old) or Applied
- Birth Certificate / Passport
- MRSA Certificate (if applicable)
- Medical Clearance (if applicable)