



Employment Expression of Interest Form

Community Home Care is an Equal Opportunity Employer

POSITIONS OF INTEREST		
Support Workers		
<input type="checkbox"/> Transport	<input type="checkbox"/> Personal Care / Domestic / Social Support	<input type="checkbox"/> Home Maintenance
Administration		
<input type="checkbox"/> Admin / Reception	<input type="checkbox"/> Logistics	<input type="checkbox"/> Finance
<input type="checkbox"/> Coordinator	<input type="checkbox"/> 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:	<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Work Visa <input type="checkbox"/> Student Visa <input type="checkbox"/> Other _____
Visa Expiry:	/ /
<small>*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.</small>	

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 in 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

As a service provider under the Home Care Package, the Commonwealth Home Support Program and NDIS Program Community Home Care is required to ensure that all staff, volunteers and executive decision makers working for our organization undertake thorough background checks in accordance with the Commonwealth and State Department of Health Guidelines and Standards.

This means that all staff must undertake a National Criminal History Check. This check is to be carried out via the Australian Federal Police – National Police Check Online Portal www.afp.gov.au/what-we-do/police-checks/national-police-checks.aspx

On commencement of employment CHC requires new employees to hold a Federal Police Clearance of not more than 3 months from issue date

Current Federal Police Clearance Yes or Willing to Obtain No

If yes, date issued: ___/___/___ **Must be from the Australian Federal Police** – www.afp.gov.au

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)