

Interview and Registration Form

Please bring this form with you to your interview, ensuring that you have with you, all of the required information. Without this, Onelink can not proceed with your application. If you cannot provide all required documentation, please call Onelink on 3209 9581 prior to your interview for advice.

EEN's, RN's

What you need to bring to interview:-

- A ****certified*** copy of your qualifications **or the originals**
- A ****certified*** copy of your 1st Aid and CPR Certificates **or the originals**
- Your drivers license (we require 100 points of ID- please see 2nd page for other requirements)
- A copy of your CV or resume including 2 referees
- Statement of Service/Service Records Book
- Immunisation Register
- Criminal record check
- Blue Card, Positive Notice Card (if applicable)

AIN's

What you need to bring to interview:-

- A ****certified*** copy of your qualifications **or the originals**
- A ****certified*** copy of your 1st Aid and CPR Certificates **or the originals**
- Your drivers license (we require 100 points of ID- please see 2nd page for other requirements)
- A copy of your CV or resume including 2 referees
- Criminal record check
- Blue Card Blue Card and/or Positive Notice Card (if applicable)

DSW's & Home & Community Workers

What you need to bring to interview:-

- A ****certified*** copy of your qualifications **or the originals**
- A ****certified*** copy of your 1st Aid and CPR Certificates **or the originals**
- Your drivers license (we require 100 points of ID- please see 2nd page for other requirements)
- A copy of your CV or resume including 2 referees
- Criminal record check
- Blue Card Blue Card and/or Positive Notice Card

- I have completed ALL sections of this form ready for my interview**
- I have copies of any other relevant certificates I have for the work I am applying for**
- I have 2 current passport photos**
- I have provided my current updated resume with 2 checkable relevant referees**

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If you are not an Australia Citizen please bring your original VISA details and Passport.

100 Points of Id:

| | | | |
|---------------------|-------|-------------------------|-------|
| Current Passport | 70pts | Centrelink Card | 40pts |
| Citizen Certificate | 70pts | Tertiary Education Card | 40pts |
| Birth Certificate | 70pts | | |
| Driver License | 70pts | Credit/Debit Card | 40pts |
| Medicare Card | 40pts | Telephone Account | 40pts |

Skills Checklist

Please tick if you have *more* than 6 months *continuous* experience in the below areas:

- | | |
|---|---|
| <input type="checkbox"/> Medications(certification) | <input type="checkbox"/> Peg Feeds |
| <input type="checkbox"/> Showering | <input type="checkbox"/> Nasal Gastric Feeds |
| <input type="checkbox"/> Wound Dressing | <input type="checkbox"/> Dementia Care |
| <input type="checkbox"/> Stoma Care | <input type="checkbox"/> Parkinson’s Care |
| <input type="checkbox"/> Toileting | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Catheterisation/+ Care |
| <input type="checkbox"/> Transporting | <input type="checkbox"/> General Coronary Care |
| <input type="checkbox"/> Transfers (hoist, sling) | <input type="checkbox"/> Cardiology |
| <input type="checkbox"/> Incontinence | <input type="checkbox"/> Gerontology |

Please list any other relevant skills you have for Aged Care, Disability Support or Home Care Worker:

*** What Does Certified Copy Mean?**

To have documentation certified you need to take your original transcripts / documents and a copy of each transcript to an authorised person in your community. Authorised persons include Justices of the Peace, Notary Publics, Lawyers / Solicitors, Magistrates offices. They need to sign on your copies that they are true and correct, print their name and position and if possible affix an official stamp.

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Health & Safety Declaration

Do you consider yourself to be in good health? YES NO

Have you had a pre-employment medical in the last month? YES NO

If required would you consent to one? YES NO

Do you suffer any ailments/disorders that may make it harmful for you to work in some environments?
(E.g. dusty, strenuous, noisy, height, vapours, heat etc) YES NO

(Yes) Give Details

Do you suffer from any ailment or disorder that may make it harmful for you to perform any particular physical task? YES NO

(Yes) Give Details

In your last Position;

(a) What duties were you performing?

.....
.....

(b) What did these duties require you to *physically* perform?

.....

**(c) In carrying out these duties did you experience any difficulties or problems?
(e.g. Injury or aggravation of a previous injury) YES NO**

(Yes) Give Details

**(d) Are you receiving any ongoing medical or natural treatment/remedies for any injuries/ailments?
 YES NO**

Do you have any Vision, Hearing Impairments pre-existing injury/illness or disability that may put you or others at risk or limit your ability to perform your job as intended? YES NO

(Yes) Give Details.....

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Please complete the Work Preference details below:

Volume of Work Sought (depending on availability)

- Casual - 1 to 3 shifts per week
 Casual 3 to 5 shifts per week
 Full-time

What days of the week are you available to work (please tick)

| | MON | TUE | WED | THU | FRI | SAT | SUN |
|--------------------|-----|-----|-----|-----|-----|-----|-----|
| Morning 6am-noon | | | | | | | |
| Afternoon 12-6pm | | | | | | | |
| Evenings 6-10pm | | | | | | | |
| Sleepover 10pm-6am | | | | | | | |

Please Tick what type of organisation / service would you prefer to work at?

- Residential Aged Care**
 Low Care High Care Special Care / Dementia
 Day Respite Centre
 Home and Community Care (Aged)
 Domestic Personal Care Combination of Both
 Shopping & Transporting
 Disability Support Services
 Day Respite Programs Post School Services
 Independent Living Support Transition to Work

What areas are you prepared to travel to either in time or kilometres from your home?

Time: Up to 30 minutes Up to 60 minutes

Distance: 10-25 kilometres 25 – 50 kilometres Over 50 kilometres

Declaration :

I hereby declare that all the information I have provided on this application is true and correct to the best of my knowledge. I understand that failing to notify or hiding a pre-existing injury or illness which might be affected by the nature of work carried out whilst employed by Onelink Contract Employment Solutions may result in that injury/illness being ineligible for any future compensation claims.

Name: _____ **Signature** _____ **Date** ___/___/___