



In Home Care

109 Cape Street
Heidelberg 3084
Victoria

PH: 03 9455 8989
Fax: 03 9456 9402

www.ihcare.com.au

Carer Application Form

Name: _____

Address: _____

Home Phone Number: _____

Contact Number: _____

Email Address: _____

Date of Birth: _____

Languages spoken other than English (LOTE): _____ Country of Birth: _____

Are you an Australian Resident? Y/N If not, are you travelling on a Visa? Y/N

Does your Visa restrict your working hours? Y/N

Details of Qualification/s: _____

Do you have a Level 2 First Aid Certificate?: Y/N Date of Expiry: _____

Do you have Anaphylaxis management training?: Y/N Date of Expiry: _____

Do you have a current Working with Children Check: Y/N Date of Expiry: _____

Do you have a current Police Check? Y/N Date of Expiry: _____

Do you have an existing injury or condition, which may affect your ability to perform the duties of the position? Y/N If so, please specify _____

Do you have any-medical conditions, which may affect your ability to perform the duties of the position? Y/N If so, please specify _____

HOURS OF AVAILABILITY

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday