



Absolute In Home Care

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Thank you for expressing interest in employment with Absolute In Home Care.

To ensure that you are right fit for us and we are right for you, before proceeding with your application please answer the below questions, and send back to admin@ihcare.com.au

Name: _____

What suburb do you live in? _____ Contact number _____

Gender M / F please circle Email Address: _____

Are you on a Student Visa? Yes / No if yes please advise type of Visa _____

Compliance Requirements	Please circle answer:	Are you willing to obtain mention requirements?
Do you have a current NDIS worker screening Check?	Yes / No	Yes / No
Do you have a current First aid and CPR?	Yes / No	Yes / No
Do you have a current Working with Children Check?	Yes / No	Yes / No
Do you have a qualification in Aged Care or Disability?	Yes / No	Yes / No
Do you have an international Police Check? <i>(This is a requirement if you have resided overseas for a continuous time of 12 months in the last 10 years).</i>	Yes / No	Yes / No
*** Please bring these documents with you if successful for an interview		

Qualifications: Please list below any qualification you have relevant to this role:

- 1.
- 2.
- 3.

Do you have experience with Motor Neuron Disease? Y / N Number of years' experience:

Have you worked with Children with Autism? Number of years' experience:

Are you bilingual Y / N if yes please state language/s _____

Transport	Please circle answer:	Are you willing to obtain mention requirements?
Do you have a Drivers License?	Yes / No	Yes / No
Do you have a car?	Yes / No	Yes / No
Are you willing to transport clients in your car?	Yes / No	Yes / No

Working Hours What are your ideal hours per week? _____ Are you willing to wait and build your hours?	Please circle answer: Yes / No	Comments:
Have you worked in client's homes before, providing one on one supports? Are you confident to work on your own? Do you have hoist experience?	Yes / No Yes / No Yes / No	

Availability: - what days and times are you available to take shifts.

Monday start time _____ end time _____

Tuesday start time _____ end time _____

Wednesday start time _____ end time _____

Thursday start time _____ end time _____

Friday start time _____ end time _____

Saturday start time _____ end time _____

Sunday start time _____ end time _____

Are you interested in working inactive/active overnight shifts? Yes / No

Please tell us why you want to be a Disability Support Worker:

What are your strengths?

What are your weaknesses?

Why do you want this job?

Give me 4 words that best describe your working style.

Give me 3 words your referee would use to describe you?

Thank you for completing the above questionnaire, we will assess your responses and if we feel you are the right fit for our organisation, we will be in touch to offer you an interview. If we feel your experience, location or availabilities do not currently fit our requirements, we will email you back to advise that at this current time, we are unable to proceed with your application.

If you are successful for an interview time, please bring in 3 Referee contact details.