



EMPLOYMENT PACKAGE

CEO

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Application Details:

Surname:First Name:

Home Phone:Mobile:

Email Address:

Address:

Please attach a current resume outlining; Education and Training Qualifications, Employment History and at least two Referees.

Educational and Training Qualifications: Please list any technical, secondary, or tertiary qualifications completed.

| Qualification | Institution | Year Completed |
|---------------|-------------|----------------|
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Please mark **Yes** or **No** if you have undertaken any training in the following areas, and provide a list of any other relevant training which will support your application:

| Y/N | Type of Training | Organisation | Year |
|-----|--|--------------|------|
| | Qld. Disability Services Act (2006) | | |
| | Qld Disability Services Regulation (2006) | | |
| | Mental Health Act (Qld) (2000) | | |
| | Disability Discrimination Act (1992) | | |
| | Back Care / Lifting / Manual Handling | | |
| | Head injuries, Spinal Injuries | | |
| | Personal Care/Hygiene | | |
| | Duty of Care / Negligence | | |
| | Workplace Health & Safety | | |
| | Abuse & Neglect | | |
| | Behaviour Management / Challenging Behaviour | | |
| | Childhood Growth & Development | | |
| | Advocacy | | |
| | Cultural Awareness and Diversity | | |
| | Inclusion / Integration into the Community | | |
| | First Aid Certificate & CPR | | |
| | Mental Health First Aid | | |
| | Professional Boundaries | | |
| | Assistance with Medication | | |
| | Food Handling | | |
| | Manual Handling | | |
| | Makaton / Sign Language | | |
| | Computer Training | | |
| | Conflict Resolution / Negotiation | | |
| | | | |
| | | | |

Employment History/ Referees: Please list two professional employers, positions you held, and length of time employed. *By nominating previous employers you are also giving consent to Flexi Queensland to make contact with them.*

| Name of Employer | Position Held | Length of time employed | Telephone Contact Number |
|------------------|---------------|-------------------------|--------------------------|
| | | | |
| | | | |

Competencies and requirements of the position: Please tick **Yes** or **No** for the following questions

| Questions | Yes | No |
|--|-----|----|
| Do you have a working mobile phone? (You are required to be contactable at <u>all times</u> while on duty) | | |
| Do you have internet access? | | |
| Do you have a current First Aid and CPR Certificate? | | |
| Do you have a Certificate III in Disability Work or equivalent? | | |
| Do you possess a Blue Card? | | |
| Disability Workers Screening Check (Yellow Card/NDIS Worker Screening Card) | | |
| If not, you required to obtain all of the above before commencement of employment and keeping them current, at your expense, once employed by Flexi Queensland? | | |
| Do you have an Australian Federal Police (AFP) Check? | | |

Criminal History: Please tick **Yes** or **No** for the following questions:

| Questions | Yes | No |
|---|-----|----|
| Do you have a criminal history and/or charges pending at today's date? | | |
| This does not automatically exclude you from working with Flexi Queensland. We will work through this with you. | | |
| Are you willing to provide current copies of the following: - Positive Notice Blue Card - Positive Notice Yellow Card - First Aid/CPR Certificates | | |
| <ul style="list-style-type: none"> ▪ It is the responsibility of the employee to ensure that their Senior First Aid Certificate is up to date by organising and paying for their own CPR and Senior First Aid update training. ▪ It is a compulsory requirement to be able to work with Flexi Queensland that you undergo a Working with children Check to obtain a – Blue Card and/or your existing card is linked to the organisation. ▪ It is a compulsory requirement before commencing work with Flexi Queensland that you obtain Disability Workers Screening Check (Yellow Card/NDIS Worker Screening Card) and/or your existing card is linked to the organisation. ▪ It is a compulsory requirement to be able to work with Flexi Queensland that you undergo an Australian Federal Police check to obtain a – AFP Positive Notice Certificate. Flexi will pay for the application of the AFP check. | | |

Motor Vehicle and License Information: Please tick **Yes** or **No** for the following questions:

| Questions | Yes | No |
|--|-----|----|
| Do you possess a current Queensland Driver's Licence? | | |
| Do you agree to keep Flexi Queensland Management informed of any changes in relation to the licence? <u>e.g. Licence suspension etc.</u> | | |
| Is your motor vehicle reliable and roadworthy? | | |
| Are you willing to use your own Motor Vehicle if required for Work purposes? | | |
| Is this motor vehicle fully covered by comprehensive insurance? | | |
| Do you understand you have to inform your vehicle insurance company if you use your private vehicle for work purposes? | | |
| If not, you required to obtain all of the above before commencement of employment and keeping them current, at your expense, once employed by Flexi Queensland? | | |

Are you willing to provide current copies of the following:

| | | |
|--|--|--|
| - Driver's Licence | | |
| - Vehicle Registration papers | | |
| - Comprehensive Motor Vehicle Insurance papers | | |

Medical Information: Please tick **Yes** or **No** for the following questions:

| Questions | Yes | No |
|--|-----|----|
| Have you had Hepatitis B inoculations? | | |
| Are the Hepatitis B inoculations up to date? | | |
| Are you prepared to commence Hepatitis B inoculations? <u>(within 3 months of being employed at Flexi Queensland and at your expense)</u> | | |
| Have you any pre-existing medical and or mental health condition that may affect your work or limit you in your abilities to work? <u>eg. Depression, back injury, a spinal injury, allergies, etc.</u> | | |
| Have you any pre-existing or degenerative medical condition/s that may affect your work or limit you in your abilities to work? <u>eg. back injury, a spinal injury, allergies, etc.</u> | | |
| Do you have a history of Work Cover claims or are supported through an employment service/agency that may affect your work, or limit you in your abilities to work, or risk an aggravation of such injury? <u>eg. Back/spinal injury, allergies, anxiety etc.</u> | | |
| Confirms with the current Queensland Public Health Order (COVID-19 Vaccine Requirements) | | |
| I understand that providing false or misleading information on this form could negate any application made for workers compensation and/ or could lead to termination. | | |

General Information:

Flexi Queensland follows and supports the following Concepts, Philosophies, Policies and Legislation.

- Service User’s right to: Choice, Privacy and Confidentiality, Respect and Inclusion.
- Disability Discrimination Act (1992)
- Privacy Act (1988)
- Privacy Regulation (2013)
- Human Rights and Equal Opportunity Commission (HREOC) Act (1986)
- Queensland Disability Services Act (2006)
- Queensland Disability Services and Other Legislation (Workers Screening) Amendment Act (2020)
- Queensland Child Protection Act (1999)
- Queensland Working with Children (Risk management and Screening) Act (2000)
- Queensland Work Health and Safety Act (2011)
- Queensland Anti-Discrimination Act (1991)
- Queensland Human Rights Act (2019)
- National Disability Insurance Scheme Act 2013 (Cth)
- National Disability Insurance Scheme (Code of Conduct) Rules 2018
- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Practice Standards—Worker Screening) Rules 2018
- National Disability Insurance Scheme (Quality Indicators for NDIS Practice Standards) Guidelines 2018
- National Disability Insurance Scheme Terms of Business
- Smoke Free Enclosed Workplace.

DECLARATION

I,, provide the information contained in this Employment Package in a true and accurate manner and have not withheld any information that is of detriment to Flexi Queensland; and to those the organisation serves. I understand that providing false or misleading information on this form could negate any application and/ or could lead to termination.

Signature of Applicant:

Date of Application:

For additional information about this origination please go to our website at www.flexiqld.com.

Internal Office Use Only

Office Staff to complete below section

Application receipt:

Signature of recipient:

Date Received: