



## EMPLOYMENT PACKAGE

Please return to -

*Service Delivery Office*

14-16 Ross Street, Ayr Qld 4807

**Phone:** 07 4783 5866

Thank you for your interest in joining our Flexi Queensland team. We are committed to providing quality support and services to people with disabilities, as well as individuals accessing aged care and mental health support. Our work is delivered in accordance with the National Disability Insurance Scheme (NDIS) standards and relevant Queensland quality and safeguarding requirements.

Please complete all sections of this application pack carefully and submit with your current resume.

**Facebook:** Flexi Qld Facebook

**Website:** [www.flexiqld.com](http://www.flexiqld.com)

**Email:** [admin@flexiqld.com](mailto:admin@flexiqld.com)



## Application Details:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

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

Qualification	Institution	Year Completed

Have you undertaken any other training that may be relevant to the disability industry and any role at Flexi Queensland? (eg. Certificate 3 or 4 in Disability, Manual Handling, Personal Care/Hygiene, WPH&S, Behaviour Management, Mental Health First Aid, Professional Boundaries, Food Safety/Handling, Sign Language, Microsoft Suite, Xero etc.)

Please list with year completed:

Qualification	Year	Qualification	Year

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

- You are not required to have the following to apply for the position but will be required to obtain if successful.

	YES	NO
Current Senior First Aid & CPR		
Blue Card – Working with Children		
Disability Workers Screening Check (Yellow Card/NDIS Worker Screening Card)		
Australian Federal Police Check		
Queensland Driver's Licence		
Registered Reliable Vehicle (you will be required to drive this for work purposes and will be required to inform your insurance company)		
Full Comprehensive Insurance		
Do you have any pre-existing injury, illness, or medical condition that could reasonably be aggravated by performing the tasks and duties described in the attached position description?  (Please note that making a misleading claim about a pre-existing injury can void the right to compensation for the aggravation of that injury)		
If Yes: please provide details (e.g., the nature of the condition, any relevant limitations, and reasonable adjustments that would enable you to safely perform the role).		

**Hours available to Work:** Please mark with a tick your availability to work.

Day	6am-12pm	12pm-6pm	6pm-10pm	Overnight Sleep Shifts (10pm-6am)	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

**If required in an emergency, would you be:**

(please circle)

- |  |     |    |
|--|-----|----|
| Able to commence work immediately:                 | Yes | No |
| Need time to arrange childcare/family commitments: | Yes | No |
| Be able to sleep overnight:                        | Yes | No |





**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
- National Disability Insurance Scheme (Procedural Fairness) Guidelines 2018
- National Disability Insurance Scheme (Quality Indicators for NDIS Practice Standards) Guidelines 2018

**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: \_\_\_\_\_

**Internal Office Use Only**

Name of recipient: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_