

MY PLACE EXPRESSION OF INTEREST

How did you find out about My Place? _____

1. PERSONAL DETAILS:

Surname: _____

First Name: _____

Address: _____ Post Code: _____

Phone/s: _____

Email: _____ DOB: _____

Gender: _____

2. DO YOU HAVE?

- | | |
|--|---------------|
| 1. Drivers Licence <i>(original will need to be cited)</i> | Yes/No |
| 2. Your own transport | Yes/No |
| a. Would you be willing to use your own car for work if required? | Yes/No |
| b. How far would you be willing to travel from home for work? <i>(km/time)</i> | _____ / _____ |
| 3. NDIS Worker Screening Certificate | Yes/No |
| 4. NDIS Orientation Module | Yes/No |
| 5. Covid 19 Certificate | Yes/No |
| 6. Current First Aid Certificate | Yes/No |
| 7. Australian Citizenship or valid working visa? | Yes/No |
| Working Visa Number _____ <i>(copy of original passport will be required)</i> | |
| 8. A resume? <i>(If yes, please forward)</i> | Yes/No |

3. EXPERIENCE

What experience do you have supporting people with disabilities? _____

Why have you applied for this position? _____

4. SKILLS

1. Do you have manual handling skills? Yes/No
If NO, are you willing to learn? Yes/No
2. Do you have hoisting skills? Yes/No
If NO, are you willing to learn? Yes/No
3. Do you have personal care skills? Yes/No
If NO, are you willing to learn? Yes/No

5. POSITION SOUGHT

- Full-time
 Part-time
 Casual
- Personal Assistant** *(home support provided at the consumer's home)*
 Co-Resident *(home provided by the consumer)*
 Host Family *(support provided in your own home)*
 Recreation *(community-based activities/day support)*

Approximately ow many hours per week are you available? _____

Are these hours flexible? Yes/No

6. AVAILABILITY

HOURS OF WORK	PREFERRED HOURS
Monday to Friday - Day	Yes/No
Monday to Friday - Night	Yes/No
Saturday	Yes/No
Sunday	Yes/No
Public Holidays	Yes/No
Overnights	Yes/No

7. REFERENCES (please provide two work references contact details)

1. _____
2. _____

PLEASE RETURN THE COMPLETED FORM TO:

**Human Resources Co-ordinator Postal: My
Place P.O. Box 869 Subiaco WA 6904
Fax: 9388 7979**

This information has been collected for the sole purpose of assessing the prospective employee's suitability for vacancies that may arise within My Place from time to time. It will not be shared or sent to any third parties and the information provided will be retained on file except if you request for it to be removed.