

Application for Employment



Parkerville Children and Youth Care Inc. prioritises the safety of children.

The selection process for roles within the organisation reflects this priority and will involve the checking of references and Police and other records.

The information below is provided to assist you in preparing and submitting your job application.

Applications for Advertised Vacancies

The application

Your application should contain the following:

- A completed **Application for Employment & Pre-Employment Medical Details** form
- A **covering letter** which provides information about your interest in the position and your relevant skills, capabilities, experience and qualifications. Unless specifically advised, a statement of claims against the selection criteria is not mandatory. You should, however, be guided by the selection criteria when stating your claims for the position.
- A **current résumé** which includes details of two references one **MUST** be your current or most recent line manager
- A **current National Police Clearance** (issued within the last 3 months).

Note: *If your application is for a position of Professional Therapeutic Carer and you intend to have your spouse/partner live in the cottage with you or participate in the care of the children, please ensure your partner completes and submits a volunteer application (see our website) together with this application form.*

Selection process

- Our selection process will usually involve an initial shortlisting and the interview of shortlisted applicants.
- You should be available for interview as soon as the vacancy closes. If you know that you will be unavailable, please note this on your application and, if possible, provide alternative contact details.
- If you have individual requirements that need to be accommodated to allow you to participate in an interview, please indicate this in your application.

Management of applications

- Your application is appreciated. It is our policy not to send acknowledgement of applications.
- You will, however, be advised of your success or otherwise at the conclusion of the selection process.
- If unsuccessful for the position, your application and any personal information we have collected from you will be destroyed at the conclusion of the selection process.

General Applications for Employment

If you submit a general application for employment, it will be passed to the most relevant operational area/s of the organisation for assessment. Applications will not be acknowledged but may be held for 3-6 months and you may be contacted if a suitable vacancy occurs in that time.

Submission of Applications

Your application should be emailed to recruitment@parkerville.org.au.

All job applications are treated as confidential documents. The information contained herein will be used only in connection with the assessment of the applicant's suitability for employment.

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Application for Employment



1.1 Position Details

Please indicate if this is	<input type="checkbox"/> an application for an advertised vacancy or <input type="checkbox"/> a general application for employment
Position applied for:	

1.2 Personal Details

Surname		First name(s):	
Title:		Gender:	
Address:			
Post code:			
Phone:		Mobile:	
Email:		Fax:	

Only applicants for Professional Therapeutic Carer positions need to answer the following question.

Are you applying for the position together with a volunteer partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please ensure your volunteer partner completes a volunteer application form (available on our website).</i>
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1.3 Criminal Records

If you are employed by Parkerville CYC, you will be required to provide a National Police Clearance and participate in Department of Communities Child Protection and Family Support Record Check. Dependent upon the nature of your duties, you also may be required to provide a current Working With Children Check Card.

Do you have any current convictions for any offences from any court OR are you currently the subject of any pending charge before any court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	

1.4 Previous Work with Children or Young People

Have you ever been the subject of allegations or investigation related to your provision of care to children or young people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	

1.5 Immigration Status

Which of the following categories describes your current immigration status?	
<input type="checkbox"/> Australian or New Zealand Citizen	<input type="checkbox"/> Australian permanent resident
<input type="checkbox"/> Foreign national, with work permission (<i>please provide details below</i>)	
Details of work permission:	

1.6 Other Relevant Information

Include pre-arranged leave, training etc.

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1.7 Pre-Employment Medical Details

Purpose

Parkerville Children & Youth Care (Inc.) has a 'duty of care' to (so far as is practicable), provide and maintain a safe working environment for employees, and for children and young people within its care, ensuring that they are not exposed to hazards. This form allows us to obtain relevant medical information to make a judgement whether you are a suitable physical and medical match to the position to which you are applying for; whilst being cognisant that you must be able to carry out the duties and responsibilities without creating risk of harm to yourself, to employees, to children and young people and / or others.

Please note that it is discriminatory to deny a person employment solely because they have a disability or illness and that is not the intention of this questionnaire. The intention of this questionnaire is to primarily ensure the safety, security, health and wellbeing of employees and children and young people within our care.

Important Information

- Please ensure you have read the accompanying job description before proceeding.
- Please discuss any issues regarding the medical information requested with your treating Doctor.
- Following assessment of the information you provide the Employer may require you to provide certification from your treating medical practitioner that you are medically fit, without restriction(s), to perform the duties and responsibilities of the position which you are applying for.
- All details provided will be treated as strictly confidential and kept in a secure personal file.

Medical Details

Are you currently receiving medical treatment for any illness, injury or medical condition, OR have you recently (within the last 6-months) completed medical treatment for any illness, injury or medical condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, please explain:

Do you have any pre-existing/chronic/long term injuries or illnesses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, please explain:

Have you ever been hospitalised and/or had any operations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, please explain:

Are you taking any medications that (to the best of your knowledge) may impact your ability to work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, please explain:

Have you had any prolonged time off work in the last 12-months due to accident, injury or illness?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, please explain:

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Do you have a current Workers' Compensation claim? Yes No

If yes, please explain the nature of your claim and the status of your claim (i.e. is your claim closed or pending):

Have you ever had a Workers' Compensation claim or a work-related injury or illness? Yes No

If yes, please explain:

Do you have any known allergies to (provide details where appropriate):

Medication?	
Foods?	
Other?	

Please mark the box beside any condition/s that you have now or have had at any time in your life.

<input type="checkbox"/> Back pain/ injury	<input type="checkbox"/> Neck pain/injury	<input type="checkbox"/> Knee pain/injury	<input type="checkbox"/> Repetitive Strain /Overuse Injury
<input type="checkbox"/> Blood Pressure	<input type="checkbox"/> Lung Problems/ Asthma/Bronchitis	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Hernia
<input type="checkbox"/> Fits/Seizures/ Black Outs	<input type="checkbox"/> Persistent or frequent headaches/ migraines	<input type="checkbox"/> Diabetes (sugar)	<input type="checkbox"/> Any joint problems/ fractures
<input type="checkbox"/> Dizziness/ fainting	<input type="checkbox"/> Arthritis/ Rheumatism	<input type="checkbox"/> Heart trouble/ angina	<input type="checkbox"/> Speech impairment
<input type="checkbox"/> Anxiety /depression	<input type="checkbox"/> Mental or nervous troubles	<input type="checkbox"/> Loss of hearing/ ringing in the ears	<input type="checkbox"/> Visual impairments
<input type="checkbox"/> Stomach problems / Ulcers	<input type="checkbox"/> Hepatitis/ Jaundice/ Liver trouble	<input type="checkbox"/> Skin disorders/ Dermatitis	<input type="checkbox"/> Infectious disease

Please comment below on those you have marked:

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Please mark the box beside any of the activities below that you have difficulty with:

<input type="checkbox"/> Crouching/ bending/ kneeling	<input type="checkbox"/> Walking on uneven ground	<input type="checkbox"/> Standing for up to 30 minutes	<input type="checkbox"/> Sitting for up to 30 minutes
<input type="checkbox"/> Working above shoulder height	<input type="checkbox"/> Repetitive movements hands /arms	<input type="checkbox"/> Walking up or down stairs	<input type="checkbox"/> Shift work

Only applicants for maintenance positions need to answer the next two rows.

<input type="checkbox"/> Wearing protective personal equipment	<input type="checkbox"/> Working in hot/cold extremes	<input type="checkbox"/> Climbing ladders	<input type="checkbox"/> Lifting weights above 15kg
<input type="checkbox"/> Working at heights	<input type="checkbox"/> Confined spaces	<input type="checkbox"/> Operating machinery	<input type="checkbox"/> Using hand tools

Please comment below on those you have marked: *(All applicants)*

Are you aware of any circumstances relating to your health or capacity to work, that have not already been mentioned, that could interfere with your ability to perform the duties and responsibilities of the position?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain:	

Important Notice

Section 79 of the Western Australia *Worker's Compensation and Injury Management Act 1981* gives the Workers' Compensation Dispute Resolution Body discretion to refuse to award compensation which would otherwise be payable where it is proved that the worker has at the time of seeking or entering employment, wilfully and falsely represented him/herself as not having previously suffered from the disability, which is the subject of the claim for compensation.

1.8 Statement

I declare the above statements and any information that I provide in relation to my application to be true in all respects. I acknowledge that any statement found to be false or deliberately misleading will make me liable for dismissal if I am employed by Parkerville Children and Youth Care Inc.

Applicant Signature	Date
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Office Use Only (Review by HR Advisor):

Health details reviewed <input type="checkbox"/>	Further actions required <input type="checkbox"/>
No further action required <input type="checkbox"/>	Actions recorded on personal file <input type="checkbox"/>
Signature	Date

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