



Hello,

Thank you for your interest in working with Carpentaria. We value your application and appreciate the time you have taken to complete this form. If we do not have a current position available, we will keep your application on file for 6 months.

Carpentaria clients, who have intellectual and/or physical disabilities, live in supported accommodation across Darwin. Carpentaria's Head Office and an Adult Day Service, which offers a range of activities for people with disabilities, are located in Tiwi. We operate a wide-ranging vehicle fleet which is used by staff to transport clients to and from appointments and activities. It is therefore a requirement that all staff hold a minimum of a Northern Territory Provisional Licence.

Carpentaria recruits Disability Support Workers to work within our services:

- Supported living accommodation has staff working 24 hours a day
- The Adult Day Service at Tiwi is open from 8:00am – 4.30pm

Before you commence employment with Carpentaria you **must have** the following:

*(Please include these items when submitting your application form)*

- NT Drivers Licence (provisional drivers will be considered however L plate drivers will not)
- Criminal History Check. You can apply for this at any police station or by visiting [www.pfes.nt.gov.au](http://www.pfes.nt.gov.au) (If you have applied but have not received it as yet, a receipt will suffice)
- Ochre Card (this is a working with children police check). You can apply for your Ochre Card at [www.workingwithchildren.nt.gov.au](http://www.workingwithchildren.nt.gov.au) (If you have applied but have not received it as yet, a receipt will suffice)
- Current First Aid Certificate
- Vaccinations for Hepatitis A & B, Influenza, Whooping Cough, Measles, Mumps, Rubella, Chicken Pox and Tetanus
- Current resume
- Minimum Certificate III qualification in the community services sector

Being a Disability Support Worker is not an easy job, but it can also be very rewarding. We look for the following qualities in employees:

- Patience
- Reliability
- Honesty
- Ability to do a number of different tasks eg: cooking and cleaning
- Kindness and a cheerful nature
- Healthy
- Willingness to learn

Some experience in nursing is also valuable.

We will contact you if we have a suitable vacancy within a 6 month period.

Once again thank you for your interest in working with Carpentaria.

## EMPLOYMENT APPLICATION

All sections of this application must be completed, with all relevant documentation attached before your application will be accepted and reviewed for the possibility of employment.

### POSITION DETAILS

Date: \_\_\_\_\_ Position being applied for: \_\_\_\_\_  
I am available to work:  Full Time  Part Time  Casual

### PERSONAL INFORMATION

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Title:  Mr  Miss  Mrs  Ms  
Preferred Name: \_\_\_\_\_ Gender:  Male  Female  
Date of Birth: \_\_\_\_\_ \*Country of Birth: \_\_\_\_\_  
*(\*If born outside of Australia attach proof of citizenship, permanent residency, or proof of legal entitlement to work in Australia)*  
Postal Address: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Residential Address: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Telephone: (BH) \_\_\_\_\_ (AH) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
Email: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Residential Status:  Citizen  Permanent Resident Others: *(Please specify visa type)* : \_\_\_\_\_  
Visa Granted: From: \_\_\_\_\_ To: \_\_\_\_\_  
Passport No.: \_\_\_\_\_ Country of Issue: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### EMPLOYMENT HISTORY

*Please include a current resume*

Last/Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Date commenced: \_\_\_\_\_ Date ceased: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Date commenced: \_\_\_\_\_ Date ceased: \_\_\_\_\_  
Reason for leaving previous employer: \_\_\_\_\_

Have you previously been employed by Carpentaria?  Yes  No  
If YES, please detail date left, positions held and reason for leaving: \_\_\_\_\_

Have you previously applied for employment with Carpentaria?  Yes  No

### EDUCATION HISTORY

Highest school year achieved: Year: \_\_\_\_\_ School: \_\_\_\_\_ Country: \_\_\_\_\_

### TERTIARY HISTORY

Tertiary Studies:  Degree  Diploma  Certificate ( II  III  IV) Other: \_\_\_\_\_  
Year(s): \_\_\_\_\_ Institution: \_\_\_\_\_ Status:  Completed  Still Studying  Withdrawn  
Year(s): \_\_\_\_\_ Institution: \_\_\_\_\_ Status:  Completed  Still Studying  Withdrawn  
Year(s): \_\_\_\_\_ Institution: \_\_\_\_\_ Status:  Completed  Still Studying  Withdrawn  
Year(s): \_\_\_\_\_ Institution: \_\_\_\_\_ Status:  Completed  Still Studying  Withdrawn

### ESSENTIAL QUALIFICATIONS/REQUIREMENTS

First Aid Certificate:  Yes  No Institution: \_\_\_\_\_ Expiry: \_\_\_\_\_  
Drivers Licence:  Yes  No State: \_\_\_\_\_  Full  Provisional Expiry: \_\_\_\_\_  
Ochre Card:  Yes  No Notice number: \_\_\_\_\_ Expiry: \_\_\_\_\_  
Police History Check:  Yes  No Date Obtained: \_\_\_\_\_

**NON-ACADEMIC QUALIFICATIONS SPECIAL INTERESTS**

Other qualifications achieved: \_\_\_\_\_

**MEDICAL DETAILS** *(The information requested is necessary to assess the applicant's physical ability to carry out the duties of the position)*

Do you have any medical condition or disability (temporary or permanent) which may affect your ability to fully carry out the duties of the role, without putting at risk the safety and well being of our clients, yourself or other staff members?  
 Yes  No If Yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any workers compensation claims?  Yes  No  
If Yes, please provide details (including the nature of injury and the current status of claim):

\_\_\_\_\_  
\_\_\_\_\_

**CRIMINAL HISTORY**

Have you obtained a current (within 3 months) National Police Certificate?  Yes  No  
Do you have any criminal convictions that you wish to declare?  Yes  No  
If Yes, please provide details:

\_\_\_\_\_

**REFEREES**

Name: _____	Telephone: (BH) _____
Position: _____	Business Name: _____
Address: _____	Post Code: _____
Name: _____	Telephone: (BH) _____
Position: _____	Business Name: _____
Address: _____	Post Code: _____

**DECLARATION**

I declare that all of the information provided within this application is a true and correct account of my past and present circumstances.

I understand that I will only be eligible for employment by Carpentaria upon receipt of a satisfactory Policy History Check.

I agree to undertake a Medical Examination by a Doctor appointed by and at the expense of Carpentaria if requested to do so.

Applicant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

The information collected on this application form will be used for assessing the suitability of an application for the position for which you are applying. If your application is successful, this information will form part of your employment file. If you are found to be unsuitable for a position with Carpentaria, your application will be destroyed at the conclusion of the review process.

**OFFICE USE ONLY**

Supporting Documentation:  Resume  First Aid  Drivers Licence  National Police Certificate  Ochre Card  
 Others

Received Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

