APPLICATION FOR EMPLOYMENT

National Community Care Pty Ltd

Please complete the following application and submit with indicated documents to:
info@nationalcommunitycare.com.au

Application for Casual Employment: CONFIDENTIAL

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ALL CANDIDATES MUST PROVIDE VALID EVIDENCE OF THE FOLLOWING IN ORDER TO UNDERTAKE EMPLOYMENT WITH NATIONAL COMMUNITY CARE.

POSITION CANDIDATE IS APPLYING FOR

- ☐ AIN / Support Worker
- ☐ Registered Nurse
- ☐ Clinical: _____
- ☐ Support Coordination
- ☐ Administration/HR
- ☐ Other: _____

MANDATORY EVIDENCE REQUIREMENTS

- ☐ Resume
- ☐ Complete application form attached
- ☐ Qualifications – Minimum Cert III
- ☐ ACT WWVP Card
- ☐ Valid Police Check
- ☐ Valid First Aid and CPR
- ☐ COVID-19 Infection Control Module
- ☐ NDIS Worker Orientation Module
- ☐ NDIS Supporting Safe Meals Module
- ☐ Up to Date Vaccination Summary
- ☐ COVID-19 Vaccination
- ☐ x2 Professional References
- ☐ Drivers Licence
- ☐ Registered Vehicle
- ☐ *Studying Transcripts (if applicable)*
- ☐ *APRHA Registration (if applicable)*
- ☐ *VISA documents (if applicable)*
- ☐ Bank Account Verification
- ☐ Any other relevant supporting documentation
- ☐ 100 Points of ID
- ☐ Influenza Vaccination (annual)

100 POINTS OF IDENTIFICATION

100 points proof of ID is required to be provided – This may consist of a combination of at least one primary identification document and one secondary identification document. Secondary identification documents must include your full name, and your photograph or signature.

Primary identification documents (70 points each) include:

- ☐ Current AHRPA Registration
- ☐ Birth Certificate
- ☐ Citizenship Certificate
- ☐ Current Passport
- ☐ Expired passport that was not cancelled and was current within the preceding two years

Secondary identification documents (40 points each) include:

- ☐ Australian Drivers Licence
- ☐ Identification card for an Australian public employee
- ☐ State or Territory issued personal identification card
- ☐ Student card issued by an Australian tertiary education institution
- ☐ Identification card issued by the Commonwealth, a State or Territory as evidence of entitlement to a financial benefit

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National Community Care Pty Ltd

PERSONAL DETAILS

Title: Mr / Mrs / Ms / Miss / Other Gender: Male / Female / Non-binary / Other

First name: …… Surname:……

Address:……

Suburb: …… State: …… Postcode: ……

Phone: H: …… Mobile:……

Email address: ……

D.O.B: …… Marital Status: ……

Car Registration: …… Driver Licence number: …… State Issued: ……

CULTURAL CONSIDERATIONS

Do you identify as aboriginal and or Torres Strait islander? Yes / No / Don't wish to disclose

Do you speak any languages other than English, and if so, what languages are you fluent in? ……

……

Do you have any religious and/or cultural customs you would like us to be aware of? ……

……

LOCAL EMERGENCY CONTACT DETAILS

Name: …… Relationship: …… Contact number: ……

RESIDENTIAL STATUS/RIGHT TO WORK WITHIN AUSTRALIA

Are you considered an: Australian Citizen / Permanent Resident/ Visa with work rights (please circle relevant)

Citizens must provide evidence of citizenship in the form of birth certificate, citizenship certificate or passport.
Non-citizens must provide a copy of their passport or ImmiCard Yes / No / Not Applicable
Provide documentation of VEVO / VISA papers Yes / No / Not Applicable

Do you have conditional employment hour limitations we need to consider? ……

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SUPERANNUATION FUND DETAILS

Superannuation fund: …… Account number: ……

ACT LONG SERVICE LEAVE SCHEME

If you are currently registered with the ACT Long Service Leave scheme, please provide your account number: …… If you are not sure please call them on 02 6247 3900.

BANK ACCOUNT VERIFICATION

Bank: _____ Account name: _____

BSB: ___ ___ ___ - ___ ___ ___ Account number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

VERIFICATION BY NATIONAL

Please provide verification of your bank account number – this can be done in two ways during induction:

☐ *Provide a copy of a statement or payroll letter from the bank including the details; OR*

☐ *Login to your internet banking at induction and provide NCC with the verified account details.*

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EMPLOYMENT, EXPERIENCE & QUALIFICATIONS

Position applied for: Support Worker / Registered Nurse (please circle)

RN/EN only - Are you registered with AHPRA to practice in Australia? YES / NO (please circle)
If YES, please provide copy of registration. A search on AHPRA will be undertaken.

Do you have any restrictions or conditions on your registration: YES / NO (please circle)
If yes, what are they? .....

Are you currently employed? YES / NO (please circle) Are you currently studying? YES / NO (please circle)

Employer(s)/ Place of Study: .....

Employment basis: FULL TIME / PART TIME / CASUAL Study basis: FULL TIME / PART TIME / CASUAL

Are you intending to keep your current employment if successful for this role: YES / NO (please circle)

REFERENCES

Reference Name	Contact Number	Relationship
Reference Name	Contact Number	Relationship

SERVICES WITH EXPERIENCE WITHIN

- ☐ Personal Care
- ☐ Social Support
- ☐ Transport
- ☐ Medication Assist
- ☐ Meal Prep
- ☐ Seizure Support
- ☐ Behaviour Supports
- ☐ Dysphagia Support
- ☐ Enteral Management
- ☐ Hoist Experience
- ☐ Stoma Care
- ☐ Peristeen
- ☐ Bowel Care
- ☐ Diabetes Care
- ☐ Training and Assessor
- ☐ Support Coordination
- ☐ Tracheostomy
- ☐ Clinical Nursing
- ☐ Observations
- ☐ Subcutaneous Injections
- ☐ PEG Changes
- ☐ Catheter Management
- ☐ Wound Management
- ☐

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National Community Care Pty Ltd

MANDATORY TRAINING & QUALIFICATIONS All employment with NCC requires the following minimum standard of qualifications and training. Please provide the following mandatory information or a copy of the certificate you have obtained.			
QUALIFICATION / EDUCATION	**EVIDENCE PROVIDED**	**PROVIDER**	**LAST COMPLETED/ EXPECTED COMPLETION**
Degree/Diploma/ Certificate 3			
First Aid			
CPR			
NDIS Orientation Module			
NDIS Supporting Meals Module			
COVID-19 Training			
Elder Abuse			
Fire Safety			
Manual Handling			
Infection Control			
Annual Influenza Vaccination			
COVID-19 Vaccination			

Please list any additional training you may have undertaken, relevant to the role you are applying for. This can include: Medication Competency, Bowel Care, PEG Management, Tracheostomy Management, Seizure Management, Behaviour Management, Epilepsy Management etc

QUALIFICATION / EDUCATION	**EVIDENCE PROVIDED**	**PROVIDER**	**LAST COMPLETED/ EXPECTED COMPLETION**

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National Community Care Pty Ltd

SECURITY REQUIREMENTS

ACT WWVP number: …… Exp: ……

Have you ever been dismissed from a nursing home, hospital or any type of health facility OR are there any current investigations being undertaken into your alleged conduct? YES / NO (please circle)

If YES, please provide relevant information.

OCCUPATIONAL HEALTH AND SAFETY REQUIREMENTS

To ensure our OH&S obligations are met, we need to understand your current health situation. You must disclose any injury or illness that may have an effect on you whilst undertaking work with our organisation, including the effects of prescription medication.

Are you up to date with all current vaccinations? YES / NO
(a copy of your vaccination record may be required; this can be obtained from your GP)

1. Do you have any illness, injuries, other conditions, or on medication which could impact your ability to undertake your duties? YES / NO (please circle)

If YES, please provide details relevant to your employment: ……

……

2. Do you have any pre-existing injuries, diseases or medical conditions that could be affected by manual handling or repetitive tasks? ……

……

3. Have you ever made a worker's compensation claim? YES / NO

If YES, please provide relevant details including employer, injury, date and any current work restrictions; and if this claim is ongoing. ……

……

4. You have a duty to disclose any information that would restrict or limit any work placements. Do you have any other information that you would like to provide that is relevant to your employment?

……

……

Australian Government
Australian Taxation Office

ato.gov.au

Tax file number declaration

This declaration is NOT an application for a tax file number.

- Use a black or blue pen and print clearly in BLOCK LETTERS.
- Print X in the appropriate boxes.
- Read all the instructions including the privacy statement before you complete this declaration.

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

For more information, see question 1 on page 2 of the instructions.

OR I have made a separate application/enquiry to the ATO for a new or existing TFN. ☐

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax. ☐

OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance. ☐

2 What is your name? Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Surname or family name

First given name

Other given names

3 What is your home address in Australia?

Suburb/town/locality

State/territory ▼ Postcode

4 If you have changed your name since you last dealt with the ATO, provide your previous family name.

5 What is your primary e-mail address?

6 What is your date of birth? Day / Month / Year

7 On what basis are you paid? (select only one)

Full-time employment ☐ Part-time employment ☐ Labour hire ☐ Superannuation or annuity income stream ☐ Casual employment ☐

8 Are you: (select only one)

An Australian resident for tax purposes ☐ A foreign resident for tax purposes ☐ **OR** A working holiday maker ☐

9 Do you want to claim the tax-free threshold from this payer?

Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.

Yes ☐ No ☐ Answer **no** here if you are a foreign resident or working holiday maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

10 Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Yes ☐ Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment. ☐

DECLARATION by payee: *I declare that the information I have given is true and correct.*

Signature

You MUST SIGN here

Date Day / Month / Year

There are penalties for deliberately making a false or misleading statement.

Once section A is completed and signed, give it to your payer to complete section B.

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number? 70 605 349 157

Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one? Yes ☐ No ☐

3 What is your legal name or registered business name (or your individual name if not in business)?

NATIONAL COMMUNITY CARE PTY LTD

4 What is your business address?

3/85 HOSKINS STREET

Suburb/town/locality

MITCHELL

State/territory ACT ▼ Postcode 2911

5 What is your primary e-mail address?

ENQUIRIES@NATIONALCOMMUNITYCARE.COM.AU

6 Who is your contact person?

LISA WALKER

Business phone number 0262424978

7 If you no longer make payments to this payee, print X in this box. ☐

DECLARATION by payer: *I declare that the information I have given is true and correct.*

Signature of payer

Date Day / Month / Year

There are penalties for deliberately making a false or misleading statement.

Return the completed original ATO copy to:
Australian Taxation Office
PO Box 9004
PENRITH NSW 2740

IMPORTANT
See next page for:
- payer obligations
- lodging online.

Print form | Save form | Reset form

Sensitive (when completed)

30920619

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DECLARATION

I acknowledge and declare that the facts on this application are true and accurate to the best of my knowledge. I also understand that if any of the information provided by me is false or if I have not disclosed any information to this employer which would significantly affect its decision about whether or not to employ me, my offer of employment may be withdrawn or my employment terminated. I consent to collecting this information and using it for the purpose of my employment.

Candidate: _____

Signature: _____

Date: _____