**Title**:  Mr  Mrs  Miss

**First Name**:

**Surname:**

**Street Address:**

**City:**

**Post Code:**

**Telephone:** **Home:** (  )      **Mobile:**

**Email Address:**

**Date of Birth:** Click to enter date

**Nationality:**       **Country of Birth:**

|  |
| --- |
| Are you an Australian Citizen / Permanent Resident or legally entitled to work in Australia?  YES  NO  *If you have lived overseas for 12 months or more in the last 10 years you need to provide a Clearance or undergo an International Police Check* |

**Position Applied for:**  **Date:** Click to enter date

**Current Employment**

Current / Most Recent Position and Employer (if applicable)

|  |  |  |
| --- | --- | --- |
| **Date**  **Commenced** | **Position** | **Name of Employer** |
| Click to enter date |  |  |
| Status:  Casual  Fixed Term  Ongoing (please check correct status) | | |
| If Fixed Term, what is / was the completion date: Click to enter date | | |

**Previous Employment**

Show details of **all** employment previous to current, including military service, Public Service of Victoria, overseas employment and any temporary or part-time employment**.**

**Start with the most recent employment.**

| **Date Commenced** | **Date Ceased** | **Position Held** | **Name of Employer** | **Reason for leaving** |
| --- | --- | --- | --- | --- |
| Click to enter date | Click to enter date |  |  |  |
| Click to enter date | Click to enter date |  |  |  |
| Click to enter date | Click to enter date |  |  |  |
| Click to enter date | Click to enter date |  |  |  |
| Click to enter date | Click to enter date |  |  |  |

**Academic Details, Certificates, Licences and checks**

Completed Courses or Certificates:

|  |  |  |
| --- | --- | --- |
| **Course / Certificate Title** | **Institution** | **Date Completed** |
|  |  | Click to enter date |
|  |  | Click to enter date |
|  |  | Click to enter date |
|  |  | Click to enter date |
|  |  | Click to enter date |

Licences:

| **Licence Type** | **Expiry** |
| --- | --- |
|  | Click to enter date |
|  | Click to enter date |
|  | Click to enter date |

Requirements:

| **Type** | **Date Obtained** |
| --- | --- |
| Police Check *(no older than 6 months)* | Click to enter date |
| First Aid Level 2 | Click to enter date |
| CPR update | Click to enter date |
| Working with Children check | Click to enter date |

**State any previous experience related to people with a disability:**

**If you have not already done so, it is requested that you include the following information with this application:**

A resume / CV including statement of skills

Copies of any formal qualification certificates relevant to residential support work

**Referees:**

Please provide contact details of *two* persons to whom reference may be made regarding your qualifications and experience.

|  |  |  |
| --- | --- | --- |
| **1.** | **First Name:** | **Last Name:** |
| **Position:** | |
| **Contact Phone No**: (  ) | **Mob:** |
| **2.** | **First Name:** | **Last Name:** |
| **Position:** | |
| **Contact Phone No:** (  ) | **Mob:** |

Any person being employed by Cooinda must undergo a **Police Records Check** before commencement. If you have a police check issued within the last 6 months, please enter Date of check here Click to enter date The check is required to be viewed and kept on file by Cooinda for a period of 12 months.

Your application should be accompanied by a current resume, marked ***Confidential*** and addressed to:

Tanya Jackson

Cooinda Terang Inc.

P O Box 100

Terang Vic 3264

Or emailed to [tjackson@cooindaterang.org.au](mailto:tjackson@cooindaterang.org.au) **a**nd cc: [csmith@cooindaterang.org.au](mailto:csmith@cooindaterang.org.au)

All applications are treated confidentially.

**Disability Worker Exclusion Scheme**

*I am aware that the Department of Health and Human Services (the department) operates a Disability Worker Exclusion Scheme (scheme) and has a Disability Worker Exclusion List (the list).*

*By submitting this job application, I consent to my name being checked against the list for the purpose of assessing my job application.*

*I also consent to the department collecting personal information and sensitive personal information about me, including relating to any criminal and employment history of mine, for the purposes of the department compiling and maintaining the list.*

*I accept that if my name is on or is placed on the list, I will be unable to work as a disability worker in a disability residential service directly provided or funded by the department.*

By signing below, I am advising Cooinda Terang Inc. that I am not currently on the Disability Worker Exclusion List.

Your Name:  Date: **Click to enter date**