

BANC CASUAL DISABILITY SUPPORT WORKER APPLICATION FORM

Personal Details

First Name:

Last Name:

Email Address:

Mobile:

Home Address:

Credentials

Working With Children Check (WWCC) Number & Date of Birth (your date of birth is required for us to verify your WWCC)	WWCC No: DOB:
NDIS Worker Screening Check Number	
National Police Check – attach to email with application form	Yes <input type="checkbox"/> No <input type="checkbox"/>
COVID Immunisation Statement (first 2 shots only) – attach to email with application form	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have a valid driver's licence?

Yes No

Do you have access to a comprehensively insured motor vehicle that you are willing to use in the course of your work duties?

Yes No

Do you have a current First Aid Certificate? (not essential, but well-regarded)

Yes No



Please tell us about yourself including any life skills, experience or training that make you suited to working with people with disabilities.



What is your current availability across the week? Tick to indicate availability:

Day	Early Morning 6am-9am	Mornings 9am-12 noon	Afternoon 12noon – 4pm	Late Afternoon 4pm-6pm	Evening 6pm-10pm	Overnight or Sleepover
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

When are you available to start?

Are you able to support people with their personal care needs?

Yes No

Please supply contact details for 2 referees. Preferably these are people who have been your manager in any recent employment. If none are available, you can use personal references. Please note these referees will not be contacted unless you are offered an interview.

Full Name:

Phone:

Email:

Relationship (e.g. former manager):

Full Name:

Phone:

Email:

Relationship (e.g. former manager):