



YOUR CHOICE, YOUR SUPPORT , OUR CARE!

## Employment Application

Applicant Information			
LAST NAME		FIRST NAME & MIDDLE INITIAL	
MAILING ADDRESS			
Gender		DATE OF BIRTH	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Gender Identity			
PHONE 1		EMAIL ADDRESS	
Are you a citizen of Australia?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a Current Tasmanian Driver's License?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If no, are you authorized to work in the Australia?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have access to a reliable safe motor vehicle with insurance?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please attach Visa Documentation.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a Current Tasmanian Working with Vulnerable People (WWVP) Card?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Position Applied for:			



YOUR CHOICE, YOUR SUPPORT , OUR CARE!

### Applicant Availability

My Support Link provide support to clients 7 days a week, 24/7.  
Please provide your availability so we can best accommodate your schedule with clients supports.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0600 - 0900	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0900 – 1500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1500 – 1800	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1800 - 2300	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2300 – 0700 (active night)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleepover shifts (Allowance paid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Applicant Screening Requirements

My Support Link supports vulnerable people and is committed to ensuring that the rights of participants are respected and upheld in an ethical manner, always. This includes the right to dignity and respect, and to live free from abuse, exploitation and violence.

It is a requirement of NDIS Quality & Safeguards Commission that all employees undertake the Worker Orientation Module 'Quality, Safety and You' and provide evidence of its completion. We encourage all applicants, if they have not already, to complete the module if you are interested in working in the disability and community services sector.

To access the module, please visit; <https://www.ndiscommission.gov.au/workers/training-course>

Further to this, all successful candidates will be asked to submit the below with their application and resume.

- National Police Check (that has been obtained within the last 3 months)
- Covid-19 Vaccination Certificate
- Current CPR/First Aid Certificate
- Birth Certificate
- Copy of Driver's License
- Copy of WWVP Card



YOUR CHOICE, YOUR SUPPORT , OUR CARE!

### Applicant Qualifications

Do you have a current medication administration qualification?

YES NO

Have you completed any further study or working towards completion?

*If yes, please provide details.*

YES NO

---

---

### Applicant Interests

My Support Link provides support to many clients that have active interests and goals, key to the success of our service is enabling and empowering clients to actively participate in striving towards these goals.

What are some of your interests or hobbies that our clients may show interest?

*Please provide details:*

---

---

---

---



YOUR CHOICE, YOUR SUPPORT , OUR CARE!

**Applicant Work History**

**Employer 1.**

EMPLOYER NAME	POSITION HELD	START DATE	END DATE
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
MAY WE CONTACT? Y or N	REASON FOR LEAVING		

**Employer 2.**

EMPLOYER NAME	POSITION HELD	START DATE	END DATE
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
MAY WE CONTACT? Y or N	REASON FOR LEAVING		

**Applicant Referees**

NAME	COMPANY & POSITION	RELATIONSHIP	PHONE



YOUR CHOICE, YOUR SUPPORT , OUR CARE!

**DISCLAIMER / AUTHORIZATION / LEGAL STATEMENT**

My Support Link collects and holds information about personnel, including date of birth, employment history and contact details. This information is required for human resource management. This information may need to be disclosed to the Commonwealth Government or its agencies or other parties for the purpose of assisting in managing the business and regulatory, legislative and Accreditation compliance. Any disclosure of this information will be done in accordance with legislation such as the Privacy Amendment (Private Sector) Act 2000, Privacy Amendment (Enhancing Privacy Protection) Act 2012, Privacy Amendment (Notifiable Data Breaches) Act 2017 (Cth)

**UNDERSTANDINGS AND AGREEMENTS**

1. The duties and requirements of the position for which I have applied have been outlined and are understood.
2. I understand that any misrepresentation, falsification, or omission in this application shall be sufficient reason for refusal or dismissal of my employment. I hereby authorise investigation of all matters contained in this application and agree that if the results of such investigation are not satisfactory, any offer of employment made by or employment with My Support Link may be terminated immediately. I agree to conform and adhere to the rules and regulations of My Support Link Further, I understand and agree that this application and any other materials I may receive are not intended to be, nor shall be construed to be an offer of employment.
3. I also give permission for My Support Link to contact my nominated referees.

PRINTED NAME	SIGNATURE	DATE