



AUSTRALIAN INTEGRATED CARE SERVICES

ACN: 640 489 318 ABN: 51640489318  
www.aics.org.au Email: enquiries@aics.org.au

### Application Form – Support Worker

Date: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Tax File No.: \_\_\_\_\_

Do you have a reliable, registered vehicle? Yes  No

Do you have a current Drivers Licence? Yes  No

**Do you have the following? If so, please attach supporting evidence.**

Current working with Children check? Yes  No

Qualification in Disability or Aged Care Support Services? Yes  No

Current First Aid certificate? Yes  No

PR or Australian Citizenship? If working Visa please specify: \_\_\_\_\_ Yes  No

Current National Police Check Yes  No

**Why do you want to work for AICS?**

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

**Do you have prior experience working in the Disability and Aged care sector. If yes, what type of work did you do?** Yes  No

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

**When can you work?** (Be as specific as you can)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>AM</b>							
<b>PM</b>							
<b>Overnight</b>							

**Tell us about yourself by completing the following:**

**Do you hold an academic qualification in support service or relevant experience working as a personal Support Worker? If so, please provide details?**

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**Describe your core skills and strengths?**

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**AICS promotes diversity, multiculturalism and an inclusiveness working environment so advise your ethnicity or cultural background?**

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**What is your native language and what other languages can you communicate in?**

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Do you have any medical conditions or previous injuries that could impact on your ability to safely perform tasks in this position?

Yes  No

If yes, please provide detail below or if you would prefer not to disclose such information on the application form at this time, please write 'prefer to discuss at interview'.

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**How did you hear about Support Work at AICS?**

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**Please attach a copy of your resume, references and any other relevant information to this application**

**Thank you for taking the time to complete this form. Applications can be:**

**Emailed to [enquiries@aics.org.au](mailto:enquiries@aics.org.au)**

**For further enquiries please call Shalini Kumar on 0401 828 906**