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APPLICATION FOR CASUAL POSITION DIRECT CARE WORKER

Surname _____ Given Name _____

Address _____

_____ Post Code _____

Telephone No _____ Mobile _____

Date of Birth ____/____/____

Do you hold a current Drivers Licence? Yes No

If "yes", please state Licence No: _____

Do you have a roadworthy vehicle at your disposal? Yes No

Employment History _____

Qualifications _____

Education Details

Secondary _____

Tertiary _____

Other Courses _____

Any relevant information_____

What personal skills / qualities would you bring to the position of Direct Care Worker?_____

Previous Experience in working with people with disabilities_____

Languages Spoken_____

Particular Skills and interests_____

Do you have any pre-existing injuries and / or disease that may be affected by the nature of this work? Yes No

If "yes", please detail_____

In order to work with WRESACARE it is mandatory that you hold a current working with children's card, do you have one?

Yes No

If you don't have one are you prepared to apply for a working with children's card? Yes No

Referees – please provide name, position and telephone number of any persons who may be contacted for personal and / or work references

1. _____
_____ Telephone # _____

2. _____
_____ Telephone # _____

I declare that to the best of my knowledge all statements made in this application are true and correct.

SIGNATURE _____ DATE _____