



## STAFF AVAILABILITY

1. Please provide the following information.

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Mobile** \_\_\_\_\_

2. Please tick boxes for **any** of the following groups that you prefer to work with.

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Children</b>          | <input type="checkbox"/> <b>Children's Respite House</b> |
| <input type="checkbox"/> <b>Children's Groups</b> | <input type="checkbox"/> <b>School Holiday Programs</b>  |
| <input type="checkbox"/> <b>Adults</b>            | <input type="checkbox"/> <b>Adult Groups</b>             |
| <input type="checkbox"/> <b>Frail Aged</b>        |  |

3. Please indicate the **areas** that you are able to work in.

- Greater Dandenong** (Dandenong, Springvale areas)
- Casey** (Berwick, Cranbourne areas)
- Cardinia** (Pakenham and district)
- Frankston** (Frankston, Seaford, Langwarrin etc)
- Mornington Peninsula** (Mornington, Hastings, Rosebud etc)

4. Please indicate in the appropriate spaces **work times** that you are available.

<b>DAY</b>	<b>6-9am</b>	<b>9-12am</b>	<b>12-3pm</b>	<b>3-6pm</b>	<b>6-10pm</b>	<b>Sleepover /active night</b>
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						

5. Are you able to **lift**? YES  NO

6. Please circle any of the following that you have had experience and are comfortable working in "one on one" situations:

- |  |  |
|--|--|
| <input type="checkbox"/> Intellectual disabilities | <input type="checkbox"/> developmentally delayed     |
| <input type="checkbox"/> Physical disabilities     | <input type="checkbox"/> attention deficit disorders |
| <input type="checkbox"/> Sensory disabilities      | <input type="checkbox"/> psychiatric disabilities    |
| <input type="checkbox"/> Challenging behaviours    | <input type="checkbox"/> aged care                   |
| <input type="checkbox"/> Medical conditions        | <input type="checkbox"/> acquired brain injury       |
| <input type="checkbox"/> Severe injuries           | <input type="checkbox"/> palliative care             |

7. Can you **sign**? YES  NO

If so, in Auslan or Makaton (please indicate) \_\_\_\_\_

8. Do you have any certificates in **First Aid**?

If so, please indicate level \_\_\_\_\_

9. Do you have any **nursing qualifications**?

If so, please indicate \_\_\_\_\_

10. Are you able to **drive a 12-seater bus**? YES  NO

11. Please list any relevant qualifications \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_