



Support Worker Position



Application Kit

Be part of something special

Being part of the GIFSA team means you are part of something bigger than yourself

You will be working with passionate, friendly, supportive people committed to working together to assist Goldfields – Esperance individuals and families live independently within the community

www.gifsa.org

Who we are?

Goldfields Individual and Family Support Association (GIFSA) is an incorporated association that supports people with disabilities, those who care for them, and their families. As a not-for-profit registered charity that grew out of the community back in 1991, GIFSA collaborates with other community based organisations, State and Federal Governments to provide a range of individualised services.

Our Aim?

GIFSA's aim is to be the local service provider of choice through excellence by "Celebrating Life's Journey". We do this by supporting individuals and their families to live a good life by providing person centered services that are tailored to their individual needs and aspirations.

What do we offer?

Competitive Salary - We offer a competitive salary within the not - for - profit sector.

The majority of staff at GIFSA are employed under a progressive Employee Collective Agreement offering above award pay rates, annual pay increases and 17.5% Leave Loading for our permanent employees.

Salary Packaging - As an employee in a not-for-profit organisation, you will enjoy generous salary packaging benefits. This allows staff to contribute up to \$15,900 of their pre – tax salary each year, increasing your take home pay.

Friendly and supportive working environment - At GIFSA, we create a respectful, positive and courteous workplace culture where our employees feel happy and encouraged to be the best they can be and strive for innovation and excellence.

Employee Assistance Program (EAP) -

The Employee Assistance Program (EAP) is a Counselling and Advice Service for employees and their immediate families to seek professional assistance for any personal or work related problem. These external consultants are independent of GIFSA and the counselling is totally confidential, aimed at enhancing wellbeing, both personally and in the workplace.

Education & Training -Support Workers are encouraged to develop and refresh skills with regular training programs in First Aid, medication and managing complex needs. We encourage and financially support our staff to further develop their careers with us by completing Certificate and Diploma courses, including traineeships.

Employee Reward & Recognition -We believe it's important to acknowledge outstanding contributions. Our quarterly Employee Reward & Recognition Awards recognise individual staff or teams who have exemplified GIFSA's Core values of Acting with Integrity, Respect & Empathy; Be Responsible & Accountable; Cultivate Community Spirit and Commitment to Improvement & Innovation. A Years of Service Ceremony is also held annually recognising staff who have made a long-term contribution to GIFSA.

Equal Employment Opportunity - We are an equal employment opportunity employer and value a diverse workforce. People of all ages, abilities, gender and ethnicity are encouraged to apply for positions.

What does a support worker do?

In a nutshell, disability support workers help people with disability access and actively participate in their chosen community. They work closely with the person they support and often alongside their family, to assist them in their daily life whether that be at home, work or socially. Disability support workers are closely involved in the day-to-day life of the person they support. They provide essential assistance so people with disability can:

- Be active in the community
- Be part of the workforce
- Have a say
- Have living arrangements that suit them
- Access education and training opportunities

What we are looking for?

GIFSA has established a focus on person centred recruitment in an effort to find the right match of Support Worker to the person we support. This focus allows greater opportunity for the people we support to achieve their goals as detailed in their individual plans, this involves not only sourcing candidates who's values and personality aligns with GIFSA's Core Values but who also possess similar interests to the person we support. This is important to assist with building a trusting and productive relationship between the Support Worker and the person we support and to establish a partnership between GIFSA, the people we support and their families.

What you need to be a support worker?

- A National Police Clearance (less than 6 months old)
- Current Working with Children Card – or be willing to apply for one
- Current “FIRST AID” certificate
- Drug and Alcohol Screen

****Please return this section****

Applicant Information

<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs	Last Name:	
Given Name(s):		
Address:		
Suburb:	State:	Postcode:
Telephone:	Mobile:	
Email:		
Are you an Australian Citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered NO to the above question, are you permitted to work in Australia i.e Temporary Visa/Work Permit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered YES to the above question, state the period that the Visa/Work permit is valid?		
Start Date:	Expiry Date:	Visa Number:

Transport

Do you have a valid driver's licence?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you have your own transport to and from work?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

You will be required to use your own motor vehicle for the transportation of people we support. It is a requirement that your vehicle is in a roadworthy condition and has full comprehensive insurance.

Pre-requisites

National Police Clearance	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
First Aid	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Working with Children Check	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Drug and Alcohol Screen	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If you do not have the above are you willing to obtain them?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Availability

At GIFSA we provide a range of services which can require varying hours and days of the week. Including sleep shifts, early mornings and late evenings. For this reason these positions do require flexibility in work hours to cater for the needs of the person we support.

When are you available?

Day Shift (Varies between 7:00am – 6:00pm)

Sunday	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Monday	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Tuesday	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Wednesday	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Thursday	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Friday	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Saturday	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

SECTION A: Health History

As an employee of GIFSA, our foremost concern is your health and safety and that of the person we support. This questionnaire is designed to assist GIFSA in ensuring that our employees are only given tasks which they are capable of efficiently and safely performing.

PLEASE NOTE: The information obtained in this questionnaire will be treated in strict confidence.

Questionnaire

Do you have a physical or psychological condition that might preclude you from some work duties or certain workplace environments (i.e Asthma, vertigo, etc...)?

YES NO

If YES, what is the nature of the condition?

Have you ever had or do you currently have the following?

- | | | | | | |
|--|-----|--------------------------|----|--------------------------|-------|
| Any neck or shoulder injury? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Year: |
| Any arm, hand or wrist injury? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Year: |
| Any back pain or strain? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Year: |
| Any leg injury? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Year: |
| Any stomach strain/hernia? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Year: |
| Asthma or other respiratory problems? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Year: |
| Epilepsy, fit or fainting? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Year: |
| Have you ever had an operation? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Year: |
| Dermatitis, eczema or other skin conditions? | | | | | Year: |
| | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | |
| High blood pressure? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Year: |
| Persistent headaches/migraines? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Year: |
| Repetitive strain injury (RSI)? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Year: |
| Head injury? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Year: |
| Eye sight issues? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | |
| Hearing Impaired? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | |

Medication

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| Are you required to take any medication? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Could your medication affect your work performance? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Could your medication affect your attendance at work? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

GIFSA may require you to complete a pre-employment medical and you will be required to pass a lab drug and alcohol screen.

Do you have an objection to this? YES NO

If YES, please state your reasoning?

SECTION B: Injuries and Treatments

Have you ever had a work related injury? YES NO
If YES, please provide details?

Approximate date of injury?

Name of employer when injured?

Can you do the following?

Crouching?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Climbing a ladder?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Lifting 25kgs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Using hand tools?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Kneeling?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Stand for 2 hours?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Sit for 2 hours?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Gripping firmly with both hands?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Repetitive movement of hands?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Hear a normal conversation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If NO, please give details?

Disability?

A disability is NOT a barrier to the consideration of an application for employment. However, to assist in assessing opportunities for your placement please indicate whether you have a disability or injury likely to affect your work performance or which could recur or be aggravated by the type of work you are applying? YES NO

If YES, Please give details?

The following lists some of the postures and movements you may be required to use. Physical fitness is a key factor impacting on your ability to undertake certain tasks.

Please take a moment to review these movements/postures. Please make a note if you feel uncomfortable with any of the following

NOTE: _____

