

# PERSONAL DATA

*[Please tick where appropriate]*

<b>Title:</b> <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms			
<b>Surname:</b> .....		<b>Given Name/s:</b> .....	
<b>Address:</b> .....			
<b>Suburb:</b> .....		<b>Postcode:</b> .....	
<b>Telephone No.:</b> .....		<b>Mobile:</b> .....	
<b>Fax:</b> .....		<b>Email:</b> .....	
<b>Postal Address (<i>leave blank if same as Home Address</i>):</b> .....			
<b>Suburb:</b> .....		<b>Postcode:</b> .....	
<b>Date of Birth:</b> .....		<b>Country of Birth:</b> .....	
<b>Identified Ethnic Origin:</b> .....			
<b>Next of Kin:</b> Name: .....			
		Relationship: .....	
Address: .....			
Suburb: .....		Postcode: .....	
Phone: .....		Mobile: .....	
<b>Family Doctor:</b> .....		Phone: .....	
<b>Preferred Language/s:</b> .....			
<b>Other Languages Spoken:</b> .....			
<b>Current Driver's Licence:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes: Licence Number:</i> .....			
<b>Access to Motor Vehicle for Work Purposes:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Motor Vehicle Insurance:</b> <input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party <input type="checkbox"/> Unspecified			
<b>EDUCATIONAL BACKGROUND</b>			
▪ Current First Aid Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Certificate III in Aged Care Work: <input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Certificate III in Home and Community Care: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>(Could you please provide Diversicare with a copy of your Certificate/s)</i>			
Other qualification equivalent to Australian Standard: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please specify and provide evidence)</i> ..... .....			

**Previous Work Experience:**

- 1] .....
- 2] .....
- 3] .....

**Availability to Work:**

<b>Days:</b>		<b>Morning</b>	<b>Afternoon</b>	<b>Evening</b>
<input type="checkbox"/> Monday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tuesday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wednesday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thursday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Friday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Saturday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sunday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Any Health or Medical issues that we need to be aware of?**     Yes     No

*(If Yes Please Specify):* .....

**Any Previous Back Injury:**     Yes     No

**Police Check**

Police Certificate/Blue Card:     Yes     No    *(If Yes please provide copy to Diversicare)*

Other: .....

Declaration Required:     Yes     No    *(If Yes please fill-in the Declaration)*

**Any Other Issues/Comments:**

.....  
.....  
.....

**I hereby state that the above information is true and correct.**

.....  
**SIGNATURE**

.....  
**DATE**

**OFFICE USE ONLY**

**COMMENTS:**

.....  
.....  
.....

**INTERVIEWED BY:** .....    **DATE:** .....

**DATE COMMENCED:** .....    **DATE FINISHED:** .....

**VPCODE:** .....