



APPLICATION FORM

98 Oriel Rd Bellfield 3081 phone 9497 3555 fax 9497 3909 web www.hicity.com.au
The Oriel Services Ltd. Privacy Policy can be found on our website or
upon request from the Employment and Training Manager.

Personal Record (PLEASE USE BLOCK LETTERS)

Date of Application:/...../.....

Date of Birth:/...../.....

First Name:.....Surname:

Address:Postcode

Phone:

Do you require an interpreter? YES / NO

Hours house is staffed (if applicable):

Country of birth:Main language spoken at home:

Are you Aboriginal or Torres Strait Islander? YES / NO MALE / FEMALE (please Circle)

Method of communication - **(PLEASE CIRCLE)** - little or no effective communication / sign language or other effective non spoken communication / spoken language effective / not known

<u>Emergency Contact</u>	1 st contact	2 nd contact	3 rd contact
Name:			
Address:			
Phone:			
Phone MOB:			

MEDICAL INFORMATION

Name of Family doctor

Address Phone

Primary disability Other significant disabilities.....

MEDICAL ALERTS ie blood pressure, epilepsy, asthma, side effects of medication (details please) etc,

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Do you have any pre existing condition which may impact on your ability to carry out the duties of this position?

N Y Please provide details

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.....

Are there any reasonable actions we could take to accommodate the issue outlined above, so that you would be able to perform the job (eg. Reasonable modifications to work station, work equipment or work conditions)?

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.....

Do you have any mobility requirements?

Failing to notify or hiding a pre-existing injury or illness which might be affected by the nature of the proposed employment, could result in that injury or illness being ineligible for future compensation claims.

ENVIRONMENTAL ALERT ie sunburn, allergies, social interactions etc

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Please detail all risk factors associated with your disability related support needs, (including any restrictions) which may impact on your ability to carry out the duties of this position?

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Are there any Personal Support Plans or Risk Management plans in place?

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.....
.....

Is HiCity able to access these plans? YES / NO (please circle)



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Are there any risks or restrictions associated with working offsite, or in the wider community which may impact on your ability to carry out the duties of this position? YES / NO
Please detail. (please circle)

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.....
.....

Are there any intervention services / supporting agencies involved or required? YES / NO
Please detail. (please circle)

.....

Literacy / Numeracy Skills Are you able to?

Read Write Count

Work Experience

	Job 1	Job 2	Job 3
Position held			
Name of employer			
Period of employment			
Reason for leaving			

Why do you want to work at HiCity?

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

HiCity needs to know if there is any information that you feel we should know to ensure you enjoy the full benefit of the work place. Please include any further information that you feel may be relevant to this application.

.....
.....

Are you interested in?

Full time work	<input type="checkbox"/>
Part time work	<input type="checkbox"/>
Days preferred	

Grounds Maintenance/nursery	<input type="checkbox"/>
Factory work	<input type="checkbox"/>
Would like to try both work areas	<input type="checkbox"/>



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Name of Parents/Carers / Guardian/Partner/advocate:

..... (relationship)

Address:

Phone: (AH)(BH)..... email address.....

Do you consent to the following information being emailed to you? **Yes / No**

eg HiCity Newsletter / Social club newsletter / surveys

You can contact HiCity (Employment and Training Manager) at any time if you no longer wish to receive this information.

Name of Case WorkerAgency

Phone: email address.....

Referred ByPhone

Agency email address.....

Is support available? If so, from whom?Phone:

email address.....



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Primary purpose for which information is collected:

- To plan and provide services and supports
- To enable communication with emergency contacts, advocates, employers(if required), treating professional, govt. departments
- To assess worker needs
- To provide FOFMS reporting to Government. As outlined in the DSS consent form. The information shared with DSS is available upon request.
- To determine eligibility to access service/s based on guidelines
- To develop your Employment Assistance Plan
- To complete a risk assessment form and if required a personal support plan
- To have a Police Check
- To have a Working with Children Check if a Gardener
- To have your wages paid into the bank account of your choice
- To have your superannuation paid into the superannuation fund of your choice

Secondary purpose for which information may be used:

- To determine appropriate referrals and management to other services within or outside the organization
- To determine billing and invoice requirements
- To measure quality of service provision
- Data inputs for business, operational and resources
- To monitor and evaluate existing services and plan for future services
- To produce annual reports and for research purposes which may involve contracted organizations
- To comply with legal obligations
- To provide relevant information to the President of the Social Club
 - Social Club membership is available upon employment at HiCity, subject to release of information to the President of the Social Club and at the discretion of the president of the Social Club.
- for photos of me to be attached to my application form and PSP (if required). This is to ensure staff being trained or assessing intake are aware of who I am.
- For medical attention to be obtained in the advent of illness or injury, at the discretion of the Manager / President of the Social Club.
- For vaccinations, inoculations or other medical interventions to be given by a qualified practitioner in the advent of an emergency, accident or sudden illness.

- Do you wish to participate in Social Club Activities? Yes / No (please circle) If yes you are required to release relevant information to the President of the Social Club.

CONSENT FOR INVOLVEMENT IN MEDIA & PUBLICITY

I give my consent to have photos/video/film/audio to be taken of me and used by
HiCity

for Media, Social Media and Promotional Activities in the promotion of our programs and services.

I give this consent voluntarily and understand that this consent may be withdrawn by me at anytime with
written notice.

I understand and agree that HiCity is not responsible for the privacy practices or content included on our
social media channels or any linked websites.

Internal use only (eg for training purposes)



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I give my consent for my exit decision to be available to internal and external auditors. **Yes / No (please circle)**

I acknowledge that I have read or had explained to me the information in the HiCity information kit, and I understand the information. This includes but is not limited to:

- | | | |
|-----------------------------|----------------------------|--------------------|
| Conditions of employment | Service improvement | Policies |
| Rights and responsibilities | Complaints process Workers | Vision statement |
| Eligibility criteria | committee information | EAP information |
| OH&S information | Code of Conduct | NorthStar brochure |
| Privacy information | Standards information | Service Objective |

OFFICIAL APPLICATION

I hereby apply to be accepted as a worker at HiCity:

- therefore understand that if accepted I will initially be admitted for an assessment period.
- All relevant information which may impact on my ability to carry out the duties of this position has been provided including any behaviour that may put me or others at risk.
- Understand what the information provided will be used for

Signature

Applicant..... Date

Parent/ Guardian/ Case Worker / advocate Date

Person completing the form (if not the applicant)

Name Relationship..... Date.....

Page 7 – Office Use Only – to be attached on receipt of application form



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Date Of Interview:	Interviewed By:
Date Application Received:	Application Form Acknowledged By:
Work Experience Start Date:	

Comments:
.....

The information in this form is confidential.

Entered HR3 Pay
Signature Date:.....

Acknowledged - President of the Social Club.
Signature: Date:.....

Staff signatures on this document acknowledge that they have read or had explained to them the contents of this document and the additional information attached (as indicated) & will implement the support strategies as outlined and maintain confidentiality .	Additional information attached:

Adriano..... Date.....
Alex..... date.....
Alisondate
Darren date.....
Dejan..... date.....
Denise..... date.....
Fatma..... date.....
Frank Date
Gunnar date.....
Jim..... date.....
Joyce..... date.....
Lynne..... date.....

Kamal date.....
Kathy..... date.....
Kim date.....
Lawrence date.....
Lorenzo..... date.....
Lou date.....
Mark date.....
Nick date.....
Patrick..... date.....
Reg date.....
Tina date.....
Vicki date.....

Accepted / Refused: (Please Circle) – Please Indicate The Factors Considered For The Reason For Choosing / Not Choosing This Person:

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