

Vivability Employment Application

Mission Statement

Vivability provides high quality, flexible and relevant respite, recreation, community access and accommodation services to people with disability and their carers. The organisation takes a philosophical position that people with disability have the same fundamental human rights as fellow citizens. This includes the right to be treated with dignity and respect in a manner that is non-discriminatory.

Philosophy

Persons with disability have an inherent right to respect for their human dignity and the same fundamental rights as fellow citizens of the same age.

People with disability and their families should have access to the information they need to make informed choices about their lifestyles and the type of respite services they require.

Families and primary care-givers of people with disability should have access to services, both mainstream and specific, that will enable them to care for the person with the disability without undue financial or emotional costs.

People with disability and their families are entitled to treatment that is non-discriminatory and publicly accountable.

Respite care should enhance relationships between the person with a disability and their family and friends.

Aims and Objectives

The Service

- To provide a friendly, comfortable, safe and supportive environment.
- To provide a service where communication is open and good relations are developed between all parties.
- To ensure that people with disability and their parents have confidence in the adequacy, responsiveness and continuity of the service within the resources available.

The Parent/Carer

- To provide appropriate assessment and coordination so that each family's unique respite needs are met.
- To provide "time out" from their caring roles.
- To provide planned regular, reliable short-term care at times desired by the family.
- To ensure at all times that the best interests of the person with disability are served in a manner that complements the care being given at home.
- To provide care in a crisis or "one-off" situation and in circumstances where in the absence of such care there is some risk to the health and well-being of the person with disability.
- To accept and value every parent regardless of race, cultural background, religion, sex or ability.
- To meet the current needs of parents through continual informal and formal review of the care provided.

The Person with Disability

- To provide a high quality service that will ensure that the individual's rights to

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independence, privacy and dignity are observed and all aspects of their health and well-being are catered for.

- To foster decision making and self help skills.
- To provide opportunities for people with disability to socialise, explore recreation options and gain support from their peer group.
- To encourage individual interests and choice.
- To introduce the clients to new and stimulating experiences.
- To provide opportunities to develop positive relationships with staff, volunteers and other members of the community.

The Community

- To provide for the changing needs in our community
- To ensure the cultural diversity of our community is valued and respected.
- To facilitate the acceptance of people with disability within the community by promoting positive images and developing understanding of people with disability.
- To develop and maintain appropriate networks within the community.

The Staff and Volunteers

- To create an enthusiastic and positive atmosphere that encourages personal initiative and cooperation.
- To provide support and assistance where needed.
- To provide relevant training and development.
- To ensure staff are aware of all expectations and duties.
- To provide appropriate orientation programs for all prospective staff and volunteers.
- To provide on-going educational and support programs on both a formal and informal basis for staff and volunteers.
- To maintain up-to-date resource materials on local related services.
- To make referrals to other agencies and/ or professionals where appropriate.

Outcomes

- That people with disability are able to remain in their own homes.
- That the primary caregiver and family are supported in their role.
- That Interchange operates in an effective, efficient and accountable manner

Framework for Policies

Vivability has a funding agreement with Ageing, Disability and Home Care. The department administers the funding provided under the Disability Services Program, (DSP) and the Home and Community Care Program (HACC). The funding requires that Vivability conforms to the Disability Service Standards and Home and Community Care National Service Standards and all legal requirements (eg Incorporation regulations, employment regulation).

Client Rights

- To be told how the service works and what other services are available
- Access Interchange services regardless of financial situation
- To know the things clients say and do will not be talked about with anyone else.
- Appropriate care for client or the family member who has a disability.
- Have a say in the choice of carer.
- Refuse care if it doesn't suit.
- To be treated with respect and dignity

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- To access Vivability on the basis of need and Vivability's capacity to meet the need
- To access information kept
- To have services delivered safely

- **Client Responsibilities**
- To advise Vivability if going away at a time normally planned for respite
- Clients should show respect for staff and volunteers at all times.
- Clients need to take responsibility for the results of any decisions they make
- Clients need to play their part in helping Interchange to provide them with a service.
- Abuse of any individual, be it verbal, physical or sexual, calls for intervention. If abuse occurs or is suspected, use the complaint procedure that you would follow for other kinds or complaints to report this event.
- To cancel care if your son or daughter is sick to prevent the spread of infectious diseases to others.

Vivability Programs

Respite Options

- Provides individual flexible respite for adults and children who have a disability. It enables them to select the respite care that best suits their need, with the assistance of a paid worker.
- This may include in home or out of home care or community activities. It provides one-to-one support for adults with moderate to severe disabilities who wish to access a recreational or leisure area of their choosing.
- All activities are community based and programs are reviewed regularly with the aim of increasing independence.
- May assist with integration into generic services.

Peer Support

- Provides supported, age-appropriate group activities of their choosing for clients aged from five to sixty four years.
- School age children are collected from school to attend after-school activities.
- Different groups attend on school days and Saturdays.
- Adult women attend a coffee morning.
- Adults attend Group Recreation Independence and Peer Support (GRIPS) on the weekend.
- Some trips away and sleepovers are organised when resources allow.
- This program is supported by support workers and senior staff

Holiday Programs

- Provides 2 vacation care programs for both children and for adolescents with a disability.
- Both programs operate for 2 weeks during each school vacation period from 9:00am to 3:00pm.
- A varied program of activities is arranged in the community.
- The program may be extended to include camps, sleepovers and trips.

Overnight Respite Unit - Ningana

- Clients can access our fully equipped and accessible unit for overnight and short stays if

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funding allows.

- Vivability manages the unit in collaboration with other agencies.

Overnight Respite House

- Clients can also access the Respite House as either an individual or as part of a group respite activity.
- The House is managed and funded by Vivability. It is not available for the use of other agencies.

Community Access & Post School Options

- Assists people with disability to develop the skills they need to work towards their goals, increase their independence and participate as valued and active members of the community as an alternative to paid employment or further education in the medium or long term.
- Programs are delivered from 9am-3pm Monday – Thursday.

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Position you are applying for:				
Job Title:				
Personal / Contact Details				
Name:				
Street Address:				
Suburb:				
State:		Postcode:		
Date of Birth:				
Postal Address: (if different from above)				
Suburb:				
State:		Postcode:		
Home Phone:				
Mobile:				
Email:				
Australian Citizenship or Residency Status				
Are you an Australian Citizen or Permanent Resident	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, do you have a Working Visa	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please provide a copy of your passport:				
Working with Children Check (Please apply online www.kidsguardian.nsw.gov.au)				
Clearance Number				
Expiry Date				
Previous Applications				
Have you applied to work at Interchange previously	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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Referees

Please provide the names of 2 recent work supervisors

Name:	
Position:	
Organisation:	
Phone Numbers:	
Relationship:	

Name:	
Position:	
Organisation:	
Phone Numbers:	
Relationship:	

Do the people you have named above know that you have nominated them as a referee	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, you should contact them and ask their permission

General

1. Is your resume a true and accurate reflection of your work and educational history?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
2. Have you ever been dismissed from a previous employment for misconduct or poor work performance?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
3. If offered the position, when would you be able to start? Date...../...../.....	
4. What is your highest qualification received?	
5. Do you provide permission for the storage and use of your personal and professional information for the purposes of employment, in line with privacy laws? <i>(Please note that unsuccessful applications are kept in secure places for three months)</i>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
6. Do you have access to a vehicle that is registered and insured <i>(Insurance must be additional to greenslip)</i>	<input type="checkbox"/> Yes / <input type="checkbox"/> No

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<p>7. Do you have a criminal history that includes any convictions against you in relation to a serious sex offence or specified other assaults whether you have been convicted or not? Please include matters where you have been found not guilty, details of any failures to appear in court, and matters which have not yet been finalised. This also includes driving convictions including drink driving.</p> <p>Please provide specific details for example the date of the incident, where the incident occurred and the charge (include incidents that occurred overseas)</p> <p><i>(Please note if you do not disclose accurate details, this could affect your employment outcome)</i></p> <p>Details:</p>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
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Diversity	
<p>8. What is the main language that you speak at home? Do you speak any other languages</p>	
<p>9. Do you classify yourself as indigenous</p>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<p>10. Are you a person with disability? <i>If yes what type of disability do you have and specify any assistance you may require:</i></p>	
Medical and/or Health Conditions	
<p>Vivability has an obligation to ensure all its employees have a safe working environment. To avoid inadvertently placing you in a situation where your safety is at risk we need to ensure we have done everything reasonably practicable to satisfy ourselves that you are physically and mentally capable of performing the tasks associated with the position for which you are being considered. To satisfy our responsibility under the Work Health & Safety legislation please answer the following questions by circling “yes” or “no” and sign below where indicated.</p> <p>Unanswered questions are not acceptable.</p>	
<p>11. Are you taking/or have you taken and regular medication or any other drugs that may affect your ability to do the job? <i>If yes please provide details:</i></p>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<p>12. Do you have/or have you suffered from any allergies that may affect your ability to do the job? <i>If yes please provide details:</i></p>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<p>13. Have you ever been hospitalised? <i>If yes please provide details:</i></p>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<p>Do you have or have you ever had any of the following health conditions? If yes please comment next to each category:</p>	
<p>14. Angina/Heart Attack:</p>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<p>15. Rheumatic Fever:</p>	<input type="checkbox"/> Yes / <input type="checkbox"/> No

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16. Dermatitis/Eczema:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
17. Injury at Work:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
18. Injury at Sport:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
19. Back Pain:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
20. Sciatica/Leg Pain:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
21. Neck Pain:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
22. Joint Pain/Arthritis:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
23. Insulin Dependent Diabetes:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
24. Eye Disorders:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
25. Hearing Loss:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
26. Epilepsy:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
27. Frequent Headaches:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
28. Chronic Degenerative Condition: Please Specify:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
29. Neurological Condition:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
30. Mental Health Diagnosis:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
31. Pneumonia/Pleurisy:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
32. Emphysema:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
33. Bronchitis:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
34. Asthma:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
35. Has your health ever been affected by sitting or standing or prolonged periods? <i>If yes please provide details:</i>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
36. Has your health ever been affected by completing manual handling tasks? <i>If yes please provide details:</i>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
37. Have you ever been effected by frequent use of information technology equipment? Eg computers <i>If yes please provide details:</i>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
38. Please specify any other condition not mentioned previously that may be aggravated whilst undertaking the inherit duties of the position or may impact on your ability to carry the duties of the position:	
39. Have you ever had a Workers Compensation Claim before? <i>If yes please provide details of such injury, when it was sustained and if you are fit for pre-injury duties.</i>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
40. Are there any factors which would prevent you from fulfilling the requirements of the job? <i>If yes please provide details:</i>	<input type="checkbox"/> Yes / <input type="checkbox"/> No

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PLEASE PROVIDE YOUR AVAILABILITY (Direct Support Workers Only)

Availability	MON	TUES	WED	THURS	FRI	SAT	SUN
6AM - 9AM							
9AM - 3PM							
3PM - 9PM							
OVERNIGHTS							

DECLARATION

I certify that the information on this declaration is true and accurate to the best of my knowledge and I have not withheld any information regarding my past or present employment or health.

If I have disclosed any health conditions above, I consent to my treating doctor or other treating practitioner providing information to the pre-employment assessment team for the purpose of assessing my suitability to undertake the duties for which I have applied. Also I agree to attend a medical examination with an agreed medical practitioner to review the impact of the above health information I have declared on my ability to perform my duties without affecting my health and safety.

I understand that by signing this form, I authorise Vivability to release information to the pre-employment assessment team.

I also understand that if it is found that I have provided false or misleading information I will not be employed or my contract of employment may be terminated without notice.

Applicant Signature: _____ Date: _____

RECRUITMENT PROCESS

Applicants will be contacted initially by phone, to discuss your application and shortlisted candidates will be contacted to attend an interview.

Following will be an induction process with training on specific areas of the business and buddy shifts.

SUBMITTING YOUR APPLICATION

Please email your application including all required documentation to our HR department

EMAIL TO:

maree.paine@vivability.org.au

For general application enquiries please phone: 02 6301 9502

Probity Checks

Please attach a current National Police Check that has been issued in the last 12 months