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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vacancy Position Title:** | **Housing Support Worker** | | | | | **Closing date:** | | | | | **02 /08 /2017** | | |
| **Applicant:** | **Name:** |  | | | | | | | | | | | |
| **Address:** |  | | | | | | | | | | | |
|  | | | | | | | **Post code:** | | | |  |
| **Day time phone:** | |  | | **Mobile:** | |  | | | | | | |
| **Email address:** | |  | | | | | | | | | | |
| **Place of birth:** | **Town / City:** | |  | | | | **Date of birth:** | | | | **/ /** | | |
| **Country:** | |  | | | |
| **Work eligibility:** | Australian citizen | | | | Australian resident | | | | | | | | |
| New Zealand citizen | | | | New Zealand resident | | | | | | | | |
| Current working visa: | | | | **Expiry date:** | | | | | **/ /** | | | |
| Other visa: | | | | **Expiry date:** | | | | | **/ /** | | | |
| **Blue Card:** | Do you hold a current Positive Notice Blue Card for Child Related Employment? | | | | | | | | | | | YES | |
| NO | |
| If yes, provide Blue Card Number: | | | |  | | | | | | | | |
| Expiry date: | | | | **/ /** | | | | | | | | |
|  | If no, have you applied for a Blue Card? | | | | YES | | | Date lodged: | | | | / / | |
| NO | | | | | | | | |
| **Drivers licence:** | Do you have a current Queensland driver’s licence? | | | | | | | | | | | YES | |
| NO | |
| **Health conditions** | Do you have any pre-existing health conditions that may impact on your ability to undertake this role? | | | | | | | | | | | YES | |
| NO | |
| If yes, please provide additional information: | | |  | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Where did you find out about this position?** | BYS website | | QCOSS | | | Ethical Jobs Weekly | | |
| Word of mouth | | Other: | | | | | |
| **Equal employment opportunity / diversity information** | Please indicate if you belong to any of the following groups (completion of this section is voluntary and used for statistical purposes only): | | | People with a disability | | | | |
| Aboriginal people | | | | |
| Torres Strait Islander people | | | | |
| Women | | | | |
| People from a non-English speaking background | | | | |
| **Start date:** | If the position was offered to you, when are you available to start work? | | | | **/ /** | | | |
| **Authorisation and Understanding**  I authorise Brisbane Youth Service to investigate my work history and verify all information given on this application. These enquiries may include information as to my character, general reputation and personal characteristics. I consent to the conduct of such enquiries and to the consideration of any statements or references provided by former employers in response to these enquiries.  I authorise all individuals and employers whom I have named in my application, unless specifically limited by me in writing, to provide information requested about me, and I release them and Brisbane Youth Service from liability and damages in providing this information.  I understand and acknowledge that any misrepresentation, omission or incorrect statement of fact may result in rejection of my application or, if hired, immediate termination of employment.  I understand that all information provided to BYS in relation to my application will be treated in the strictest confidence and will not be communicated to any third party without my consent. | | | | | | | | |
| **Signature:** | |  | | | | | **Date:** | **/ /** |