



# SUPPORT WORKER APPLICATION

How did you hear about LEAP Social Services?

Referred  Indeed  Seek  Other

## PERSONAL INFORMATION

Full Name :

Previously Known by Name :

Date Of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender :  Male  Female

Address : \_\_\_\_\_

Phone Number : \_\_\_\_\_ E-Mail : \_\_\_\_\_

ATSI / CALD : \_\_\_\_\_ Bilingual : \_\_\_\_\_

## EMERGENCY CONTACT DETAILS

Contact Name : \_\_\_\_\_ Contact Number : \_\_\_\_\_

Relationship : \_\_\_\_\_

## SUPPORT WORKER REQUIREMENTS

Please complete all questions

Do you hold a valid NSW drivers' licence?  Yes Full  Yes P1  Yes P2  No

Do you have a safe, working & suitable vehicle?  Yes  No

Do you have comprehensive vehicle insurance?  Yes  No

Have access to car seats and/or booster seats?  Yes  No

Hold a current first aid certificate?  Yes  No

Have a first aid kit (St John or equivalent)?  Yes  No

Have access to a mobile phone, computer & internet?  Yes  No

## REQUIRED SUPPORTING DOCUMENTS

Attach a copy of these documents with this application.

Current Working with Children Check (must be for paid work)  Yes  No

Current Police History Check (within last 12 months)  Yes  No

100 points of identification (must include licence)  Yes  No

Current first aid certificate  Yes  No

Driver's History Report  Yes  No

Relevant qualifications and/or proof of enrolment for related studies (TAFE/University Certificates)  Yes  No

Current resume / CV  Yes  No



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## AVAILABILITIES TO WORK

Please indicate the days you are available and complete the timeframes

<b>Monday</b>	<input type="checkbox"/> Not Available	<input type="checkbox"/> Available	<b>Start :</b> _____ / _____ <b>AM/PM</b>	<b>Finish :</b> _____ / _____ <b>AM/PM</b>
<b>Tuesday</b>	<input type="checkbox"/> Not Available	<input type="checkbox"/> Available	<b>Start :</b> _____ / _____ <b>AM/PM</b>	<b>Finish :</b> _____ / _____ <b>AM/PM</b>
<b>Wednesday</b>	<input type="checkbox"/> Not Available	<input type="checkbox"/> Available	<b>Start :</b> _____ / _____ <b>AM/PM</b>	<b>Finish :</b> _____ / _____ <b>AM/PM</b>
<b>Thursday</b>	<input type="checkbox"/> Not Available	<input type="checkbox"/> Available	<b>Start :</b> _____ / _____ <b>AM/PM</b>	<b>Finish :</b> _____ / _____ <b>AM/PM</b>
<b>Friday</b>	<input type="checkbox"/> Not Available	<input type="checkbox"/> Available	<b>Start :</b> _____ / _____ <b>AM/PM</b>	<b>Finish :</b> _____ / _____ <b>AM/PM</b>
<b>Saturday</b>	<input type="checkbox"/> Not Available	<input type="checkbox"/> Available	<b>Start :</b> _____ / _____ <b>AM/PM</b>	<b>Finish :</b> _____ / _____ <b>AM/PM</b>
<b>Sunday</b>	<input type="checkbox"/> Not Available	<input type="checkbox"/> Available	<b>Start :</b> _____ / _____ <b>AM/PM</b>	<b>Finish :</b> _____ / _____ <b>AM/PM</b>

## EDUCATION & EXPERIENCE

Please list your educational courses you have an / or are studying?

Educational Facility : \_\_\_\_\_ Date of achievement : \_\_\_\_\_

Course Name : \_\_\_\_\_

Educational Facility : \_\_\_\_\_ Date of achievement : \_\_\_\_\_

Course Name : \_\_\_\_\_

Have you worked in Community Services / Disabilities / Childcare sectors before?

Please list Service Providers and roles:

Service Provider : \_\_\_\_\_ Employment duration : \_\_\_\_\_

Role : \_\_\_\_\_

Service Provider : \_\_\_\_\_ Employment duration : \_\_\_\_\_

Role : \_\_\_\_\_

Service Provider : \_\_\_\_\_ Employment duration : \_\_\_\_\_

Role : \_\_\_\_\_



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## EDUCATION & EXPERIENCE CONT.

**Have you completed case notes / contact and / or observation reports previously?  
If so, please provide details on which place of employment you completed them with.**

Yes  No

**Have you ever been investigated and/ or restricted from working with children and young people?  
If so, please provide details (including time/date and outcome)**

Yes  No

**Do you have informal experience interacting children? Coaching/ Tutoring / Parent-Carer-Guardian?  
If so, please provide details of interactions.**

Yes  No

## VALUES & ETHICS

**Describe your perception of professional boundaries:**



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## VALUES & ETHICS

**What steps would you take if you believe you have crossed a professional boundary and/ or a company policy?**

**How would you establish role clarification as a Support Worker?  
Additionally, how would you re-establish this ongoing?**

**Provide an example of when you have needed / what you would do to say "no" to a participant's request.  
Please include information on how you handled the situation and the outcome.**

**List two (2) examples of why you would need to make a report to the Child Protection Help Line?**

1.

  
  

2.



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## VALUES & ETHICS

List an example where you have worked /what you would do with someone who did not want to engage with you or the session goals.

How did/ would you overcome this?

- 1.
- 2.

What would you do if you had concerns around the following:

1. Your Colleagues behaviour.
2. Professional standards.

- 1.
- 2.

List three (3) situations where you have needed (or would need) to contact your supervisor:

- 1.
- 2.
- 3.



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## VALUES & ETHICS

Additional comments or information you want to share:

## REFERENCES

Please include your 2 most recent managers/ supervisors and one of your choosing.

Name : \_\_\_\_\_ Position : \_\_\_\_\_  
Phone Number : \_\_\_\_\_ Email : \_\_\_\_\_  
Company / Relationship : \_\_\_\_\_

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Phone Number : \_\_\_\_\_ Email : \_\_\_\_\_  
Company / Relationship : \_\_\_\_\_

### More Information :

- ✉ [recruitment@leapservices.com.au](mailto:recruitment@leapservices.com.au)
- ☎ (02) 4607 7694
- 🌐 [leapservices.com.au](http://leapservices.com.au)
- 📍 P.O Box 370 Narellan, NSW 2567  
ACN 600 905 735

**THANK YOU,**

**We'll be in contact with you shortly about your progression in our recruitment process.**