



Quality Lifestyle Alliance Inc.

Employee Details for Personal Support Worker

COMMENCEMENT DATE: _____

1. PERSONAL PARTICULARS			
FIRST NAMES:		SURNAME:	
DATE OF BIRTH:	PHONE:	MOBILE:	
STREET ADDRESS			
SUBURB:			PCODE:
EMAIL ADDRESS:			
TAX FILE NUMBER:			
2. BANKING DETAILS			
NAME IN WHICH BANK ACC HELD:			
NAME OF BANKING INSTITUTION:			
BSB:		ACCOUNT NUMBER:	
3. WHAT QUALIFCATIONS DO YOU HOLD?			
CERT III	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date Completed
CERT IV	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date Completed
OTHER			



4 PREVIOUS TRAINING EXPERIENCE

TYPE OF TRAINING	TO	FROM	PASS DATE	TRAINING ORGANISATION

ADDITIONAL STUDIES PLANNED:

5 FIRST AID

DO YOU HOLD A CURRENT FIRST AID CERTIFICATE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE COMPLETED	TRAINING ORGANISATION
CPR DUE FOR UPDATE?		DATE DUE	

6 GENERAL

DRIVERS LICENSE NO: _____	Sighted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DO YOU OWN A VEHICLE?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
IS IT REGISTERED?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
IS IT ROADWORTHY?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

7 CRIMINAL HISTORY AND BLUE CARD

DO YOU HOLD A DSQ POSITIVE CARD?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sighted <input type="checkbox"/>
EXPIRY DATE OF POSITIVE CARD:			
DO YOU HOLD A BLUE CARD?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sighted <input type="checkbox"/>
EXPIRY DATE OF BLUE CARD:			

8 DETAILS NEXT OF KIN

NEXT OF KIN:	
ADDRESS:	
PHONE:	