

	EMPLOYMENT DATABASE QUESTIONNAIRE	2008
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Quality Lifestyle Alliance
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Quality Lifestyle Alliance Inc. is a Service User run and Service User focused community based organisation that provides individualised accommodation support for people with a physical disability. The Organisation aims to **empower and enable** people to the greatest extent possible, through securing flexible and responsible networks appropriate to each individual's life situation.

People are supported in the living environments of their choice and the services provided are as flexible as possible in order to meet the specific requirements of each individual.

The completion and return of this questionnaire will place you on our list of potential workers which is referred to whenever a position becomes available. If you agree, the questionnaire will be kept for a period of 12 months. During this period please contact our office to advise us of any changes in circumstances so that we can adjust your details accordingly.

Name:
Surname
Given Names

Address:

..... Post Code:

Telephone Numbers:

Home _____

Work _____

Mobile _____

Email Address _____

Please complete the following:

- | | |
|---|--------|
| Do you currently hold a Disability Services Positive Notice Card? | Yes/No |
| Do you hold a current driver's license? | Yes/No |
| Do you have your own transport? | Yes/No |
| Do you have a motor vehicle which can be used to transport the person for whom you will be working? | Yes/No |
| Do you hold a blue card? | Yes/No |
| Have you completed manual handling training in the last three years? | |
| Do you have a current First Aid Certificate? | Yes/No |
| Are you flexible in your working hours? | Yes/No |
| Do you have preferred working hours? | Yes/No |

If you have preferred working hours, please complete the following

<u>Day</u>		<u>Start/Finish Times</u>
Monday	a.m.	from.....to.....
	p.m.	from.....to.....
Tuesday	a.m.	from.....to.....
	p.m.	from.....to.....
Wednesday	a.m.	from.....to.....
	p.m.	from.....to.....
Thursday	a.m.	from.....to.....
	p.m.	from.....to.....
Friday	a.m.	from.....to.....
	p.m.	from.....to.....
Saturday	a.m.	from.....to.....
	p.m.	from.....to.....
Sunday	a.m.	from.....to.....
	p.m.	from.....to.....

In an Emergency on-call basis, how much notice would you require to start a shift?

.....Hours

.....Days

Have you worked before with people with physical disabilities?

Yes/No

What type of work did you do? [Please tick].

Transferring

- Bed wheelchair;
- Bed to ordinary chair
- Wheelchair to shower chair
- Wheelchair to motor vehicle seat

Personal hygiene

- Showering care
- Washing the person
- Drying the person
- Dressing the person
- Bed bath

Food preparation

- Cooking
- Clean up after
- Assistance with eating
- PEG/tube feeding

Toileting

- General toileting care
- Catheter
- Enemas

Household tasks

Would you be willing to assist with?

- Light Housework
- Ironing
- Cooking
- Gardening

Socialising

Would you be willing to take the Service User out in to the Community?

Yes/No

Could you start work immediately?

Yes/No

Disclaimer

I give my permission that the information in this questionnaire be held on file for a period of 12 months or until an appropriate vacancy becomes available. I also give my permission for my contact phone number and other details to be passed on to potential employer/s (the person with a disability who requires support)?

_____ Signed _____ dated