



**INFORMATION PACKAGE**  
**Personal Care Assistant**

Thank you for your enquiry about a position with the Spinal Injuries Association. I have enclosed the following documents which should assist you in applying for this position.

1. Association Background Information
2. Personal Care Assistant Information Sheet
3. Application form

**Your application should include the following:**

- Completed Application Form
- Resume (optional)

Applications will be accepted by:

**For South Queensland Applicants**

Email: hr@spinal.com.au

Facsimile: 07 33912088 - Human Resources Officer

Post: Human Resources Officer  
Spinal Injuries Association  
PO Box 5651, West End QLD 4101

Hand Delivered: Spinal Injuries Association  
109 Logan Road , Woolloongabba QLD 4102

**For Northern Queensland Applicants**

Email:

Facsimile: 07 47238677

Post: Coordinator  
Personal Support Plus  
Spinal Injuries Association  
PO Box 618, Aitkenvale BC, QLD 4814

Hand Delivered: Spinal Injuries Association  
488 Ross River Road, Townsville QLD 4814

For further information about the position, please contact Human Resources Officer on 07 3391 2044 (Brisbane) or 07 4755 1755 (Townsville).

## **BACKGROUND INFORMATION**

### **OUR MISSION**

To enhance the lives of people with spinal cord injury.

### **OUR VALUES**

- Treating all individuals with dignity and respect
- Pursuing excellence
- Embracing challenge and change
- Good relationships and teamwork

### **BACKGROUND INFORMATION**

Until February 2005 the Association was known as the Paraplegic & Quadriplegic Association of Queensland. It was formed in 1960 'to provide occupational amenities, assistance and accommodation for people with paraplegia or quadriplegia'. Since that time, the Association has evolved into an organisation which provides a range of services across Queensland for people with a spinal cord injury; predominantly those with paraplegia, quadriplegia and the late effects of polio.

The Spinal Injuries Association is a not-for-profit, membership based organisation. It is registered as an incorporated Association and is recognised by Government as a Charity and public benevolent institution.

It is widely recognised for its specialist knowledge of the needs of people with physical, though particularly spinal disability. The Association has offices in Brisbane and Townsville and the services provided have a distinct community focus. As contemporary services should be, our focus is supporting people in their own community.

# YOUR RESUME

Your resume should provide relevant information on your personal details. It is essential that the information you provide us is up to date. Your resume will be as unique as you are, but there are some simple guidelines to follow in preparing a resume.

**Personal Details** Your resume should include the following personal details:

- Your full name
- Your address (both residential & postal *if applicable*)
- Email address (if you have one)
- Contact phone numbers including home, work & mobile
- Education details including any awards, certificates achieved
- Professional memberships or affiliations (*if applicable*)
- Skills and Interests

**Work History** Your resume should also include details of your ***work history***. You need to include a summary of the duties, responsibilities and outcomes you achieved for jobs you have held. Specifically, for each job you have held you need to include details of:

- The job title or type of work eg Administration Officer, Payroll Clerk.
- Classification level of job (*if appropriate*)
- Employers name and location
- The length of time you held the job eg May 1996 – September 2001
- Your key duties, achievements or outcomes relating to the job.

Start with your most current job and work backwards. Ensure the information you provide is brief and non-repetitive. If you have done the same type of work in several jobs, don't repeat the explanation of duties and responsibilities.

You may also choose to include details of other relevant work you have undertaken (volunteer, community, local committees and associations) that is appropriate for the selection criteria.

Other information you may wish to include in your resume, but which is not essential, includes:

- A list of your primary work capabilities
- Skills you have which are not covered within your summary of work history
- Special achievements
- Your career objectives



## **PERSONAL SUPPORT PLUS**

Personal Support Plus provides tailored support for people with a physical disability and older people. Support may be short term, long term or on an emergency basis. Services include personal care, respite, community access, domestic assistance; holiday support; case management; workplace assistance and conference and meeting support.

### **Become a Personal Care Assistant**

As a Personal Care Assistant you will be providing support to a person with a physical disability to enable them to live the lifestyle of their choice or to an aged person eligible for assistance under the Veterans Home Care Scheme.

### **DUTIES**

You will be working very closely with individuals with a wide range of needs, performing tasks that range from personal care to shopping, light household duties and community access activities. The duties involved in the role of Personal Care Assistant are detailed below and in the Position Description enclosed. Not all roles involve all of the duties listed below and the specific duties that you will undertake will be discussed with you during the interview process and in your training.

- Personal Care: - Showering; drying; skin care; dressing; transferring (manual or hoist transfer); Bowel and bladder care (administering enemas & suppositories, manual bowel evacuation, emptying urine bags, positioning & changing continence aids etc); wound care; personal hygiene – apply deodorant, position sanitary napkins;
- Grooming: - Hair care, nail care, applying make-up, shaving etc.
- Meals: - Preparation of breakfast, lunch and dinner; beverage preparation; assisting with feeding;
- Housework: - Bed making; dusting, vacuuming, sweeping & mopping; cleaning bathroom & toilet; washing dishes; doing laundry and other general light cleaning;
- Medication: - This is the client's responsibility but some physical assistance may be required to remove medication from packaging.
- Shopping: - Shopping for food & general household items

### **PLACE OF WORK**

You could work in a variety of settings including: - a client's home; their workplace; a school/college or university; a hospital; or in holiday accommodation.

### **TEAM WORK**

In the majority of situations you will be one of a team of Personal Care Assistants who support a client. Generally, your shifts will not overlap with other Personal Care Assistants. Contact with other team members will usually be by telephone or in Team Meetings. There are some positions where you may work with other Personal Care Assistants where the client's care needs require two people to be present.

## **TRAINING**

Your training will involve On the Job training; Orientation and Manual Handling training and at the completion of the probation period of 12 weeks you are given the opportunity to do a 2 day accredited Personal Care Assistant workshop. At the completion of the training and induction process, as a Personal Care Assistant you will be a valued part of the professional team at Personal Support Plus.

## **THE HOURS/SHIFTS**

The service that Personal Support Plus provides is based upon client choice wherever possible.

For this reason shifts can be fragmented because the majority of clients are funded for perhaps 3 - 4 hours per day. The clients choose how they want those hours used. Normally clients choose to have assistance in the morning to get ready for the day or in the evening to go to bed at night. Therefore, the bulk of shifts are available between the hours of 6.00am - 9.00am and in the evenings from 7.00pm - 11.00pm. Most shifts would not be longer than 2 hours straight. You would not normally be asked to travel great distances for 1-2 hour shifts. As far as possible, you will be referred to Clients in or close to the area where you live. For Personal Care Assistant who wants to increase their hours of work it is possible to work for more than one client where the shift times do not overlap.

Services to client who qualify for assistance under the Veterans Home Care scheme are generally provided between the hours of 9.00am & 4.00pm Monday to Friday. The availability of other daytime shifts is limited. Generally, we do not roster staff to work consecutive weekends unless this is specifically requested by the staff member. Sleepover shifts are available, however you are not required to do them if they do not suite your personal circumstances. We do not encourage our Personal Care Assistants to work 7 days every week!! Everyone needs a break!

## **HOW TO APPLY**

To apply for a position as a Personal Care Assistant please complete the application form enclosed. If you have a current resume you can also include this with your application. Your application should be posted to:-

Human Resources Officer  
Spinal Injuries Association  
P.O. Box 5651  
WEST END QLD 4101

## **SELECTION PROCESS**

We will contact you by telephone to arrange a time for interview. After this initial interview with a staff member from Personal Support Plus suitable candidates would then proceed to have an interview with the client prior to being selected for a position. The client and the coordinator will then make a selection. In order to complete the selection process we will conduct at least two referee checks with referees nominated by you.

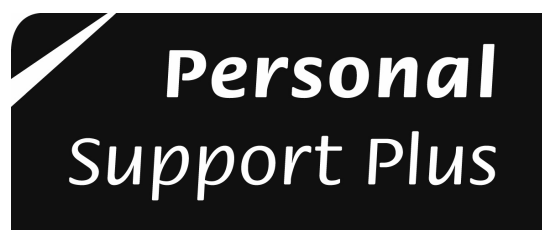
## **SECURITY CLEARANCE**

Under the Disability Services Act you will be required to apply to have a Criminal History Screening. We will lodge this application on your behalf should you be successful in being selected for a position. If you already have a positive notice under the Act you will need to produce your positive notice card. If your work involves working with children you will also be required to obtain a Suitability Card (Blue Card)



# Application for Employment

## PERSONAL CARE ASSISTANT



**Confidential**

<b>Brisbane Office:</b>  <b><u>P.O. Box 5651</u></b> <b><u>WEST END QLD 4101</u></b>	<b>North Queensland Office:</b>  <b><u>P.O. Box 618</u></b> <b><u>AITKENVALE BC QLD 4814</u></b>
109 Logan Road WOOLLOONGABBA QLD 4102	488 Ross River Road TOWNSVILLE QLD 4814
Ph: 07 3391 2044 Fax: 07 3391 2088 Toll Free 1800 810 513	Ph: 07 4755 1755 Fax: 07 4723 8677 Toll Free 1800 024 422
Email: <a href="mailto:psplus@spinal.com.au">psplus@spinal.com.au</a>	Email: <a href="mailto:nqenquiries@spinal.com.au">nqenquiries@spinal.com.au</a>

**PERSONAL DETAILS**

<b>Title:</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>	<b>First Name/s:</b>	<b>Last Name:</b>	<b>Preferred Name:</b>
<b>Residential Address:</b>				<b>Date of Birth:</b>
<b>Postal Address:</b>				<b>Home Phone No:</b>
<b>Email Address:</b>				<b>Mobile Phone No:</b>
<b>Emergency Contact: (Name and relationship)</b>				<b>Home Phone No:</b> <b>Mobile Phone No:</b>
<b>Are you an Australian Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			If no, what is your Residence / Work Visa Status?	
<b>Type of transport used</b>	Public Transport <input type="checkbox"/>	Own Vehicle <input type="checkbox"/>	Other (give details)	
<b>Do you have a current drivers licence?</b>	No Licence <input type="checkbox"/> Queensland Licence <input type="checkbox"/> Other Licence <input type="checkbox"/>	What type of vehicle can you drive? Manual Vehicle <input type="checkbox"/> Automatic Vehicle only <input type="checkbox"/>		
<b>Do you have any security clearance documents?</b>	Blue Card <input type="checkbox"/> (Required if working with children)	National Police Certificate <input type="checkbox"/>	Other (give details)	

**TRAINING / EDUCATIONAL BACKGROUND** (Copies of relevant certificates may be requested)

Period From / To	Course / Certificate / Level of Achievement	Where obtained e.g. Southbank TAFE

**EMPLOYMENT HISTORY** (List most recent position first and work backwards)

Period From / To	Employer	Position, Duties & Reason for Leaving

**REFEREES** (people who have worked with you and have known you at least 12 months)

Name	Company and Position	Period Known	Phone Number

What skills and qualities do you have that you feel could make you successful in this position? (e.g. assisted a family member with physical disabilities, honest, reliable, massage skills, )								
What are your reasons for applying for this position?								
Have you been involved in any activities e.g. sport / social interests or volunteering which may relate to this type of position?								
Personal Care work involves good communication, observation skills and manual handling e.g. lifting; turning & repositioning. Do you or have you had a previous injury, a condition, disability or physical restriction which may limit your ability to perform these tasks?								
Do you speak any other languages? (This information would only be used for matching with a client whose first language is not English.)								
If you have had previous experience, please indicate which tasks you are experienced in and are confident performing.	Dressing <input type="checkbox"/>	Administer Enema <input type="checkbox"/>						
	Grooming <input type="checkbox"/>	Administer Suppository <input type="checkbox"/>						
	Showering <input type="checkbox"/>	Manual Bowel Therapy <input type="checkbox"/>						
	Hoist Transfer <input type="checkbox"/>	External Catheter Change <input type="checkbox"/>						
	Slide Board Transfer <input type="checkbox"/>	IDC Catheter Change <input type="checkbox"/>						
	Two Person Lift Transfer <input type="checkbox"/>	SPC Catheter Change <input type="checkbox"/>						
	Slide Sheet <input type="checkbox"/>	Wound Care Dressings <input type="checkbox"/>						
	Lifting Belt <input type="checkbox"/>	Tracheal Suctioning <input type="checkbox"/>						
	Passive Exercise <input type="checkbox"/>	Ventilator <input type="checkbox"/>						
	Light Household Tasks <input type="checkbox"/>	Stoma Care <input type="checkbox"/>						
	Assist with Medication <input type="checkbox"/>	Peg / Button Feed <input type="checkbox"/>						
<b><u>AVAILABILITY</u></b>						<b>When can you start work?</b>		
<b><u>Tick the box to indicate the times you are available for work</u></b>								
<b>Time</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>	
6am - 8am								
8am - 10am								
10am - midday								
Midday - 2pm								
2pm - 4pm								
4pm - 6pm								
6pm - 8pm								
8pm - 10pm								
Overnight								
How many hours work per week are you seeking? _____ hrs / week								

## APPLICANT AGREEMENT

*Please read the following statements carefully, as they constitute the conditions under which you may be employed.*

I ..... certify that:

1. The information I have provided on this application is accurate to the best of my knowledge and subject to validation.
2. I authorise any person who can verify and/or supply additional information to support my application to do so. This may include reference checks and referee reports.
3. I understand and agree that:
  - (A) Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
  - (B) Although management makes every effort to accommodate individual preferences, organisational needs frequently make the following conditions mandatory: overtime, shiftwork, a rotating work schedule and work schedules other than Monday through Friday. I understand and accept these as conditions of my continuing employment.
  - (C) A medical examination may be required where particular levels of health and fitness are required for the position. (Results will be held in confidence by us except where release of such information is required by law). In such instances a medical examination will be required by all applicants.
4. I give Personal Support Plus, a service of the Spinal Injuries Association, permission to provide a service client with details contained in this application for the purpose of assessing my suitability for employment with that client. I also give permission for the Association to retain details contained in this application for a period of up to 12 months for the purpose of consideration for placement in other vacancies.
5. I understand that all information concerning Spinal Injuries Association, its members, clients and employees is strictly confidential and any unauthorised disclosure of such information will be regarded as a breach of confidentiality and may result in termination of employment.

.....  
**Applicant Signature**

.....  
**Date**