



Leisure Options

Great Holidays and Travel for People with Disabilities

JOB APPLICATION FORM

Telephone: 03 9646 0666
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Leisure Options
Suite 44, 574 Plummer Street
Port Melbourne VIC 3207
ACN 140 597 511
Travel Agents Licence: 32 915

Position Applied For: _____

Why are you interested in this position?

Availability (eg. weekends, school holidays, other):

A position description should have accompanied the Job Application Form. Have you read and understood the position description? YES NO

Personal Details

Full Name: _____

Residential Address: _____

Postal Address (if different from above): _____

Email Address: _____

Phone no(s): Mobile _____

Home: _____ A/H _____

Date of Birth: ____/____/____

If you are not an Australian citizen or permanent resident, do you hold a current work permit?

YES NO Please attach a copy of your work permit to this form.

Current and Previous Employment

Current Employer (Name & address) _____

Position: _____ Length of service from _____ to _____

Status: (Please tick) Full Time Part Time Permanent Temporary

Previous employer: (Name & address) _____

Position: _____ Length of service from _____ to _____

Status: (Please tick) Full Time Part Time Permanent Temporary

Reason for leaving: _____

Educational Qualifications

Most recent qualification awarded: _____

Institution: _____ Years of study (eg 90-94) _____

Other completed courses or subjects: _____

Details of present studies: _____

Year completed VCE: _____

First Aid

If you are applying for the position of Tour Leader or Travel Companion, you must have a current Level 2 First Aid Certificate or intend to complete a first aid course prior to commencing employment with Leisure Options. Please attach a copy of the certificate to this application.

Copy of certificate attached: YES NO

If no, why not _____

Travel Experience

Please detail your travel experience:

What are your employment dreams or aspirations?

Medical History

We request that you disclose any pre-existing injuries or diseases of which you are aware and you could reasonably expect to affect the nature of the position you are applying for. **You must read the position description before answering this question.** In the event of any recurrence, aggravation, accelerations, exacerbation or deterioration of a pre-existing condition which you have failed to make a disclosure or have made a false or misleading disclosure, you will not be entitled to any compensation under the Accident Compensation Act.

In this position you may be required to:

- Walk distances and/or move quickly
- Drive vehicles
- Push people seated in wheelchairs
- Lift or move objects
- Lift or support clients in transfers
- Handle small objects
- Support and supervise participants who have a disability.
- Use computer for data entry/typing

Have you any medical history, pre-existing illnesses, diseases, physical or psychological conditions which could be aggravated by the type of work you are applying for?

YES NO

If yes, please explain _____

If you are applying for the position of Tour Leader/Travel Companion you will be required to supervise and support participants during the day and night. Do you have a condition, requiring medication, which may impair your capacity to do this? YES NO

If yes, please explain _____

Dietary Requirements

Do you have any special dietary requirements? YES NO

Please detail: _____

Immunisation:

Date of last tetanus booster: _____

Date of Hep B Vaccination: _____

Tablets and Medicines:

Current medications: _____

Name of next of Kin: (emergency contact person):

Name: _____ Relationship: _____

Address: _____

Post Code: _____

Telephone Number Home: _____ Work: _____ Mobile: _____

Emergency Treatment

It is to be understood that as a condition of participating on a Leisure Options Holiday that in the event of a participant or travel companion or tour leader requiring medical attention that the staff in charge of the camp/holiday or the tour leaders co-workers will endeavour to communicate with next of kin. If this is not possible the Leisure Options Staff will administer or seek whatever treatment they judge to be reasonably necessary.

Driving Record

Where the position includes driving motor vehicles or vans you must attach a copy of your Driver's Licence.

Copy attached: YES NO

If no, why not _____

Licence no: _____ Date of Expiry ____/____/____

State of Origin: _____ Licence Type: _____ No. of years held: _____

Have you ever been convicted of a driving offence? YES NO

If yes, please state the details: _____

Please provide details of any motor vehicle accidents in which you were involved as a driver during the last two years

Referees

Please provide two (2) professional referees, one from a current employer, if possible, who will be contacted in relation to your experience and performance.

1) Name: _____ Position: _____

Organisation: _____ B/H phone: _____

2) Name: _____ Position: _____

Organisation: _____ B/H phone: _____

I, _____ (name) declare the Job Application Form to contain true and correct information and consent to any reference checks which may be necessary to support this application.

I agree to undertake a pre-employment safety screening including a police check and to provide Leisure Options with the current police check documentation.

If my application is successful, I agree to be bound to Leisure Options' Conditions of Employment. Should it be proven that any answers given by me as part of this application are incorrect or I have breached the Conditions of Employment I will accept Leisure Options right to immediately terminate my employment.

Signature of Applicant: _____ Date: ____/____/____

Signature of Witness: _____ Date: ____/____/____

DECLARATION OF PRIVACY

Leisure Options Pty Ltd acknowledges and respects the privacy of individuals. This information is being collected for the purposes of potential employment. The provision of this information is voluntary, but if this information is not provided, Leisure Options may not be able to assess your application for employment adequately. In signing this document, you are providing your consent for Leisure Options to contact your nominated referees or other people who can verify your information and suitability for this position. . The information collected will be held by Leisure Options and Leisure Options will take reasonable steps to protect any personal information it holds from misuse, or unauthorised access until it is no longer required. At such time that the information is no longer required, Leisure Options will take reasonable steps to destroy or permanently de-identify the information.