

**Townsville Independence Program for Adult Community Living Inc
(TIPACL)**

Unit 1 38 Rendle Street Aitkenvale Qld 4814

Phone: 47251070 Fax: 47281112

Information for Applicants

Introduction:

Thank you for showing an interest in this position with **Townsville Independence Program for Adult Community Living Inc. (TIPACL)**. This information will assist you in applying for this position. If you have further questions after reading this, please contact the person whose name appears at the bottom of this page on (07) 47251070.

The Selection Process:

The selection process includes consideration of the applications, short listing, interviews, and reference checks.

How to Apply:

1. Obtain a copy of the Position Description and Application Form.
2. Prepare your application.
3. Submit your application for consideration.

If you wish, you may include a Resume or any documentary evidence to support your application. You may also wish to submit a series of short statements detailing whatever relevant experience you have, outlining how you have used your knowledge, skills and abilities and relating this to your capacity to meet the requirements (or duties) of the job. If you have not had direct experience in the particular work setting specified, you can demonstrate your ability and/or potential by comparing it to similar or equivalent responsibilities in another job or studies you may have undertaken. You can also draw examples from non-work activities that also demonstrate skills and knowledge relevant to the Position Description.

Selection Criteria:

The selection criteria is based on the particular skills, abilities, knowledge and qualifications (if any) required to achieve the outcomes of the position.

Submit your application to:

Melanie Roy
Business Systems Co-ordinator
TIPACL Inc.
Unit 1 38 Rendle Street
Aitkenvale Qld 4814

Application Details

Print Full Name: _____		Position: _____	
Status:	Full Time	Part Time	(please circle one)
Contact Details:			
Address: _____			
Telephone: _____		Mobile: _____	
Email Address: _____			

Educational and Training Qualifications: Please list any technical, secondary, tertiary qualifications undertaken etc.

Qualification	Institution	When

Employment History: Please list the last three previous employers, positions you held, and length of time employed. By nominating previous employers you are also giving consent to TIPACL to make contact with them.

Name of Employer	Position Held	Length Employed	Employer Ph number

Referees: Please list names and telephone numbers of three people other than past employers who can be contacted, or attach written references. By nominating referees you are also giving consent to TIPACL to make contact with them.

Name of Referee	Telephone Contact Number

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Previous experience: Please list any work or volunteer experience in this field.

Please attach any further information you may wish to provide in support of this application.

Work Experience	Volunteer Experience

Please mark **Y** (yes) or **N** (no) if you have received any training in the areas listed below.

Y/N	Type of training	By Whom	When
	Qld Disability Service Act 2006		
	Mental Health Act (Qld)		
	Back Care Lifting		
	Head Injuries, Spinal Injuries		
	Skin Care, Personal & Oral Hygiene		
	Duty of Care		
	Occupational Health & Safety		
	Communication / Writing Skills		
	Management of Challenging Behaviour		
	Advocacy		
	Inclusion / Integration		
	First Aid Certificate		
	Food Handling		
	Standard Precautions		
	Alternative & Augmentative Communication		
	Computer Training		
	Conflict Resolution		

Please substantiate any claims by attaching copies of any Certificates obtained.

If you do not have a First Aid Certificate, are you prepared to obtain one and keep it current, at your expense, within three months of being employed by TIPACL?

Yes No (Please circle one)

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If you do not have a Disability Certificate III or equivalent, are you prepared to enrol at TAFE, at your expense, within three months of being employed by TIPACL?

Yes No N/A (Please circle one)

Special Interest, Hobbies, and Skills: Please list below any special interests you have that may be of benefit to Clients.

Hours available to Work: Please mark with a tick (✓) your availability to work.

Day	AM	PM	Overnight Sleep Shifts
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

What is your optimum numbers of hours per week: _____

If required in an emergency would you be:

(Please circle)

Able to commence work immediately: Yes No

Need time to arrange child care/family issues: Yes No

Be able to sleep overnight: Yes No

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General Information:

TIPACL Inc. follows and supports the following Concepts, Philosophies, Policies, and Legislation.

Client's right to: Choice, Privacy and Confidentially, Respect, and Inclusion.

Commonwealth Disability Services Act 1986.

Queensland Disability Services Act 2006.

Queensland Anti-Discrimination Act 1992.

Disability Discrimination Act 1992.

Human Rights and Equal Opportunity Commission Act 1986.

Workplace Health and Safety Act 1995.

WorkCover Act 1996.

SMOKE FREE workplace environment.

DECLARATION

I, _____, provide the information contained in this Application in a true and accurate manner and have not withheld any information that is of detriment to TIPACL Inc; and to those the organisation serves.

Signature of Applicant: _____

Print name of Applicant: _____

Date of Application: _____