



# Special Needs Carer – Job Application

Issue Date: 8<sup>th</sup> March 2017  
Issue No: 2.0

Date:	
Your Name:	
Contact Number:	

Welcome to Buslink – Message from the Managing Director ..... 1

1. Special Needs Carer – Position Description .....2

2. Self-Assessment Questionnaire .....3

3. Application Details for Employment .....4

4. Drivers Licence, Experience, WWCC & First Aid Information .....5

5. Employment History and References .....6

6. Medical History .....7

7. Wellness & Health Safety .....8

8. Supporting Statement .....9

9. Declaration by Applicant .....9

## Welcome to Buslink – Message from the Managing Director



Buslink NT started as a 3 bus operation in Darwin in 1988 and now operates not only in Darwin but also Alice Springs and Jabiru. In the Territory we now have around 150 buses and 250 employees. Buslink NT is part of the larger Buslink group which operates across Australia with a fleet of over 500 buses and 700 employees.

At Buslink NT we are customer focussed, aiming to provide a safe and pleasant journey for each and every passenger we carry. We operate school, special needs, urban and charter services across our Berrimah, Humpty Doo, Jabiru and Alice Springs depots.

In applying for a job at Buslink you are expressing your interest to join a company that is locally focussed and takes great pride in delivering services to our communities.

Should your application be successful you will be trained in the appropriate tools to deliver services to the high standard expected of Buslink. With our training, and your dedication, you can have a fulfilling career with Buslink.

I encourage you to visit our website for more information on Buslink. Good luck with your application.

**David Hannon**

Managing Director - NT  
Buslink



## 1. Special Needs Carer – Position Description

This position is primarily responsible for the care of special needs students while travelling on the bus to and from school. Team work is required with the driver, to assist with the safe transport of special needs students at all times and maintain a running diary of events.

You will be required to communicate with, and submit reports to operations supervisors as required.

The job is a serious one with both legal and moral obligations associated with it. Rules, Regulations, Policies, Procedures and work place training instructions must be followed at all times.

This position requires you to assist special needs students into seats with seat belts, handle and secure wheel chairs and manage passenger behaviour. Be prepared to apply first aid if required. Be proactive with special needs students and provide the level of care and attention required to assist safe transport.

Reliability is an important part of a special needs carer's role in provide a consistent level of due care.

Presentation of yourself in uniform is expected to be at a very high standard and you must be available to work on every school day in the am and pm.

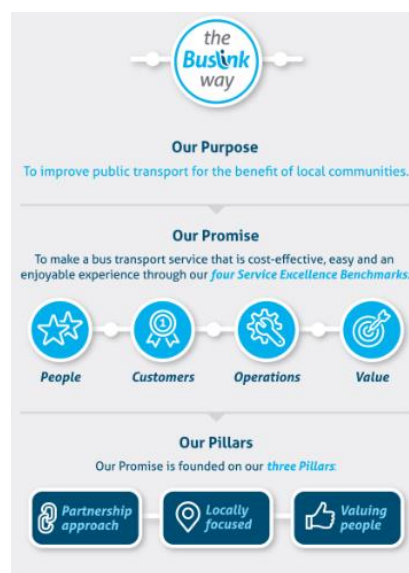
You will be required to treat all clients with courtesy, respect, sensitivity and ensure the care, safety and comfort of all passengers.

### Have you got what it takes.....?

If you are thinking of becoming a special needs carer the following self-assessment is aimed at helping you decide whether you have the necessary attributes, qualifications and personal values required for the job.

Prior to completing the job application, we suggest you take the time to go through the 'self-assessment' questionnaire on the following page. Go through this carefully and honestly before you decide to apply for the role as a special needs carer.

If you think this job is for you, and that you meet the criteria, we urge you to complete the application in the following pages and return it to us at your earliest convenience.





## 2. Self-Assessment Questionnaire

DO YOU HOLD.....	.... A current Northern Territory drivers licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	.... A current NT – Working with Children OCHRE Card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If <b>No</b> , can you pass a criminal history working with children check (E Form)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	.... Australian citizenship, permanent residency status of Australia, or hold a visa that allows you to work in Australia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	.... A Current First Aid Certificate? If <b>No</b> , can you pass a first aid training course?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
DO YOU HAVE...	.... Basic mathematical skills such as adding, subtracting and multiplying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	.... English comprehension, reading and writing skills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	.... Reliable references with current contact numbers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	.... Physical and mental fitness to perform the role as a Special Needs Carer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	.... Experience with working with children or students in a care setting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ARE YOU PREPARED TO.....	.... Undergo a company medical assessment (at the company's expense) this includes providing a urine and physical assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	.... Follow workplace training, inductions, rules, regulations, policies & procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	.... Wear a company uniform while on duty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	.... Arrive to work on time and be reliable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	.... Work in a safe manner at all times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	.... Respect workplace culture?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	.... Apply first aid when necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	.... Work closely with and build a position of trust and rapport with special needs children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
... Keep students safe at all times while travelling on the bus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



### 3. Application Details for Employment

Preferred Location	<input type="checkbox"/> Darwin	<input type="checkbox"/> Humpty Doo	<input type="checkbox"/> Jabiru
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Have you ever applied for employment or worked for Buslink	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please state where, when and in what capacity

Where	
When	
Capacity	

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other, please specify:
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Full name	
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Street Address			
	State	City	Post Code
Postal Address			
	State	City	Post Code

#### Contact Details

Home Phone		Mobile	
Email			

#### Residential Status

Residential Status	<input type="checkbox"/> Working Visa	<input type="checkbox"/> Resident	<input type="checkbox"/> Citizen
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If yes to Working Visa, please provide details below and attach your visa condition notice




## 4. Drivers Licence, Experience, WWCC & First Aid Information

### Driver Licence Information

Drivers Licence No		Expiry Date	/	/
Licence Class		State		
Licence Conditions		Licence Endorsements		
Other Endorsements		Expiry Date	/	/

Date of last medical assessment	/	/
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Do you have past experience as a carer, if yes, please give details?

Please list relevant Qualifications or Certificates of Competencies

Do you have a USI – Unique Student Identifier...?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please record it here:		

Working with Children – OCHRE Card Number		Expiry Date	/	/
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Apply First Aid Certificate Number		Expiry Date	/	/
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## 5. Employment History and References

### Current and Most Recent Employment

Employers Name					
Employees Address					
Position held and duties					
Date Started	/	/	Date Finished	/	/
Reason for leaving					
Name of Supervisor					

Employers Name					
Employees Address					
Position held and duties					
Date Started	/	/	Date Finished	/	/
Reason for leaving					
Name of Supervisor					

Employers Name					
Employees Address					
Position held and duties					
Date Started	/	/	Date Finished	/	/
Reason for leaving					
Name of Supervisor					

### References

	REFEREE 1	REFEREE 2
Name		
Title / Position		
Company		
Address		
Contact Number		

At this stage do we have permission to contact your referees	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please indicate when it would be acceptable		



## 6. Medical History

Do you suffer, or have you suffered from any of the following...?

Hepatitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Breakdown	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Back Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Arthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart Defect / Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blackouts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hernia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma / Lungs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Aids	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you ever experienced any accidents involving personal injury or any illness or operations...?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please state the nature of any such personal injury, illness or operations with dates.		

Do you suffer from any of the following...?

Impaired vision / Visual defects	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Impaired hearing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Impaired speech	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restriction on movement of head or neck	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restriction on movement of spine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restriction on movement of pelvis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restriction on movement of one or both wrists	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restriction on movement of one or both elbows	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restriction on movement of one or both knees	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restriction on movement of one or both ankles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restriction on ability to carry weights up to 20kgs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restriction on ability to walk over rough or uneven ground	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you suffer from any restricted movement on any part of your body...?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please indicate what parts		



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Have you ever suffered any injury to any of the following parts of your body...?

Eyes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ears	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Neck	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lower Back	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pelvis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Legs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Knees	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Elbows	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wrists	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ankles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hands	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Feet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes to any of the above, please provide details.


Is there any possibility any ailments, as indicated above may affect your capacity to carry out your employment as a special needs carer with Buslink safely and efficiently...?


## 7. Wellness & Health Safety

Are you aware of any reason, medical or otherwise, why you may not be able to completely perform the duties safely as a special needs carer...?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details.		

Have you ever made a claim for worker’s compensation benefits? If yes, please provide details below.

Date	/ /	Date	/ /
Nature of the injury		Nature of the injury	
Insurer		Insurer	





## 8. Supporting Statement

Please outline why you are suitable for the position as a Special Needs Carer


How did you hear about this vacancy...?

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## 9. Declaration by Applicant

I Hereby Declare,

- a) That the answers to the above questions are to the best of my knowledge, true and correct.
- b) I fully understand that I must register a zero drug and blood alcohol level at all times during working hours or at any time whilst in charge of company vehicles or equipment.
- c) That I agree and understand the employer will conduct random drug and alcohol tests.
- d) That I agree and understand that the employer may investigate the applicants background to determine the accuracy and completeness of this information and the applicant releases the employer and persons named herein from all liability or damage on account of his / her furnishing such information
- e) That I agree to undergo any medical examination (at the expense of the employer) as may be requested by the employer, whether before or after employment has commenced.
- f) That I agree and understand that this application for employment in no way obligates the employer to employ the applicant.
- g) That if the above application for employment is accepted, I will be bound by and will at all times observe and respect such terms and conditions of employment and such policies and procedures as may from time to time be specified or stipulated by the employer.
- h) I fully understand that if my answers to any of the questions above do not disclose a physical or mental condition from which I have previously suffered I will be unable to claim worker’s compensation through Buslink.

Applicants Signature		Date	
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Did you complete the Special Needs Carer Job Application yourself	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Privacy Statement: All information provided is treated in confidence as per the workplace privacy act 1988. Information provided will form part of your employee data if successful. All unsuccessful applications will be destroyed.