# Cobar Shire Council LILLIANE BRADY VILLAGE

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# APPLICATION FOR EMPLOYMENT DIVERSIONAL THERAPIST / RECREATIONAL ACTIVITIES OFFICER HR 3d

- All information provided here will be treated in the strictest confidence
- If your application is unsuccessful, this form shall be kept for a period not exceeding twelve (12) months and then destroyed.
- All supporting documentation must be provided before this application will be assessed.
- If offered employment, this form will become the basis of your personnel file.

Please complete this form as accurately and neatly as possible.

| POSITION APPLIE                            | D FOR:                                | Permanent/ <del>Temporary/Part Time</del>                       |
|--|---------------------------------------|---|
| NAME:                                      |                                       |   |
| ADDRESS:                                   |                                       |   |
| EMAIL ADDRESS:                             |                                       |   |
| CONTACT NUMBE                              | R:                                    |   |
| DRIVERS LICENCE                            | E: YES / NO CLASS                     |   |
|  |                                       |   |
| EDUCATIONAL QU                             | JALIFICATIONS.                        |   |
| Please attach a full or currently being ur |                                       | nior school studies and/or University/College studies completed |
| Please provide a su                        | mmary of your educational background. |   |
| (A) SECON                                  | IDARY EDUCATION                       |   |
| YEARS                                      | NAME OF SCHOOL                        | CERTIFICATE AWARDED   |
|  |                                       |   |
|  |                                       |   |
|  |                                       |   |
| (B) TERTIA                                 | ARY EDUCATION                         |   |
| YEARS                                      | NAME OF INSTITUTION                   | DEGREE / DIPLOMA / CERTIFICATE AWARDED                          |
|  |                                       |   |
|  |                                       |   |
|  |                                       |   |
|  |                                       |   |
|  |                                       |   |

#### (C) OTHER QUALIFICATIONS

Please attach a copy of certificates or statements for membership of any professional associations, short and/or non-accredited courses which you have completed and are relevant to the position for which you are applying.

Please provide a summary of these other qualifications.

| DATES | SUBJECT/COURSE | ORGANISATION CONDUCTING<br>COURSE | CERTIFICATE AWARDED |
|-------|----------------|-----------------------------------|---------------------|
|       |                |                                   |                     |
|       |                |                                   |                     |
|       |                |                                   |                     |

## (D) PROFESSIONAL ASSOCIATIONS

| NAME OF PROFESSIONAL BODY | GRADE OF MEMBERSHIP | DATE OF APPOINTMENT |
|---------------------------|---------------------|---------------------|
|                           |                     |                     |
|                           |                     |                     |
|                           |                     |                     |

## PREVIOUS EMPLOYMENT.

Please provide a summary of your full employment background.

| EMPLOYER | POSITION | PERIOD HELD | MAIN DUTIES & RESPONSIBILITIES |
|----------|----------|-------------|--------------------------------|
| 1)       |          |             |                                |
|          |          |             |                                |
|          |          |             |                                |
| 2)       |          |             |                                |
|          |          |             |                                |
|          |          |             |                                |
| 3)       |          |             |                                |
|          |          |             |                                |
|          |          |             |                                |
| 4)       |          |             |                                |
|          |          |             |                                |
|          |          |             |                                |

| REFEREES.  |  |
|--|--|
| Please list names and contact numbers of three (3) work referees.  |  |
|  |  |
|  |  |
| SELECTION CRITERIA.  |  |
| The position for which you have applied for requires qualifications and/or experience which are considered essential and desirable in performing the duties of this position.  |  |
| lease address all elements of the essential and desirable criteria as fully as possible.   |  |
| IMPORTANT: To be eligible for this position, all applicants must satisfy all elements of the Essential Criteria and address the Desirable Criteria as listed below. Applicants who do not satisfy the essential criteria, or do not complete this application form will not be considered for this position. |  |
| ESSENTIAL CRITERIA:  |  |
| Diversional Therapist – Registration with NSW Diversional Therapy Association  |  |
|  |  |
| <ol> <li>Recreational Activities Officer – Previous experience in development &amp; implementation of appropriate activities for aged:<br/>diversional, social and recreational.</li> </ol>  |  |
|  |  |
|  |  |
| 3. Current NSW Drivers Licence.  |  |
|  |  |
|  |  |
| 4. Demonstrated ability to work effectively in a team situation.   |  |
|  |  |
|  |  |
| 5. Demonstrated ability to maintain confidentiality  |  |
|  |  |
|  |  |
| 6. Good Customer relations skills and a commitment to provide quality service  |  |
|  |  |
|  |  |
|  |  |

| 7.   | Ability to plan and to work to establish priorities. Ability to work without close supervision and recognise times when matters require referral to senior staff.            |
|------|--|
|      |  |
|      | DESIRABLE CRITERIA   |
| 1.   | Possession of First Aid Certificate or be prepared to obtain one.  |
|      |  |
|      |  |
| 2.   | Ability to be flexible within your work schedule   |
|      |  |
|      |  |
|      | tify that all answers and statements on this application form and any attachments thereto are true and complete to the best of<br>knowledge.                                 |
|      | tify that all medical particulars will be provided to Council by way of a pre-employment medical should my application be essful.  |
|      | derstand that should I provide untruthful or misleading information, this application may be rejected or my employment with the<br>ar Shire Council subsequently terminated. |
| Sign | ed: Date:  |
|      | se place in a sealed envelope marked "Confidential – Diversional Therapist/Recreational Activities Officer" and forward your ication to:                                     |

The General Manager Cobar Shire Council Po Box 223

COBAR NSW 2835

Telephone:(02) 6836 5888

Facsimile:(02) 6836 5889

Thankyou for applying for this position.