



Cathay Home Care Services

A.B.N. 62 010 219 397

Tel: 07 3522 0710

71 Annie Street, Coopers Plains QLD 4108

Fax: 07 3274 5599

PO Box 88, Coopers Plains QLD 4108

homecare@cathay.org.au

Application Form for Home Care Worker

家居護理員申請表

Date of Application 申請日期: _____ Where did you hear about the position 從何得悉職位: _____

English Name 英文: _____ Chinese Name 中文名: _____

Address 地址: _____

Telephone 電話: (Home 住宅) _____ (Mobile 流動電話) _____

Email Address 電郵: _____ Gender 性別: Male 男 Female 女

Date of Birth 出生日期: _____ Country of Birth 出生國家: _____

Language/s Spoken 能說的語言: _____

Qualification 學歷: Primary School 小學 High School 中學 Tertiary 專上學院 University 大學

Are you Australia Resident? 你是澳洲居民嗎? Yes 是 No 不是 If no, Visa Type: _____

Length of time in Brisbane 你在布理斯本居住了多久: _____ Year 年 _____ Month 月

Can you drive? 你能否駕駛汽車: Yes 能 Licence Type 駕駛執照類別: _____ No 不能

Do you have a car for work? 你有沒有私家車上班: Yes 有 No 沒有

Have you completed Certificate in Home & Community Care or Aged Care? 你已完成三級家庭及社區照顧或老年護理訓練嗎? Yes 有 (Year completed 完成年份: _____) No 沒有

Work Related Information 與工作有關的資料:

Do you have any aged care work experience? Please give details. 你有否照顧老年人的經驗? 請詳述。

What type of work do you enjoy **most**? 你最**喜歡**做的工作項目是什麼?

What type of work do you enjoy **less**? 你最**不喜歡**做的工作項目是什麼?

Hobbies & Interest 專長和興趣: _____



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Have you even sustained any injury at work? 你曾否在工作期間受傷? Yes 有 No 沒有

Have you ever made any claim to Work Cover? Please give details. 你曾否要求得到勞工賠償呢?

Yes 有 (請詳述) _____ No 沒有

Would you be able to get a reference from your current or last employer? 你可以從你最近期的僱主取得一份推薦書嗎? Yes 可以 No 不可以 _____

May we contact your present employer for a work reference? 我們可以聯絡你現在的僱主, 問及你的工作表現嗎? Yes 可以 No 不可以

Could you complete a course of Provide First Aid before employment? Yes 可以 No 不可以

Additional Information 其他補充資料: _____

Health Related Information 與健康有關的資料:

Cathay Community Association is a non-profit community service organization, providing home care services to the frail aged people and people with a disability who are of Chinese speaking and cultural background. It is our duty of care that we are informed of your health status so that services can be delivered safely.

國泰會是一個非牟利的社區服務團體, 為年老體弱及障殘的華人提供家居護理服務, 我們有責任去保障本會員工在工作期間的安全。因此, 希望你能告訴我們一些可能會影響你工作安全的健康狀況。

Please provide the following medical/health conditions? 請提供以下你的健康狀況資料:

Allergies 過敏反應 _____

Epilepsy, blackouts, fainting or dizzy spells
羊癇病, 頭暈, 昏倒, 暫時性喪失記憶或知覺 _____

Back conditions 腰背部的問題 _____

Do you have any physical limitations 你有沒有任何體能上的限制? Yes 有 No 沒有

Are you fit to lift heavy object? 你能否搬運重物? Yes 能 No 不能

Designate lifting capacity 請列出你可以搬動多重的物件 _____

Do you smoke 你有否吸煙嗎? Yes 有 No 沒有

Have you ever been convicted of a criminal offence? 你有沒有任何犯罪記錄? Yes 有 No 沒有



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If yes, when 如果有是何時: _____ Nature of offence 觸犯的是那些罪行 _____

If you are offered a position, are you willing to apply for a Police Criminal Record? 如果你獲聘用，你願意去領取一份警方的犯罪記錄嗎？ Yes 願意 No 不願意 已領取

Please use tick or write specific period of time or days that you are available to work e.g. 8 am -12 noon or 12:30- 3:30 pm. 請用✓表示或寫下你可以上班的指定星期天或工作時段

	Monday 星期一	Tuesday 星期二	Wednesday 星期三	Thursday 星期四	Friday 星期五	Saturday 星期六	Sunday 星期日
Morning 早上							
Afternoon 下午							
Evening 黃昏							

How many hours a week would you like to work? 你想每週工作多少小時? _____

Are you currently working for the other company / organization? 你現時有沒有為其他公司/機構工作?

Yes 有 (Company Name 公司/機構名稱: _____ & Position 職位: _____) No 沒有

Referees 工作諮詢人:

Please list 2 work-related referees. 請列出 2 位工作有關的諮詢人資料。

Name & Position Title 諮詢人姓名和職位	Organisation or Company name/s 機構或公司名稱	Tel 電話	Relationship 關係

I certify that to the best of my knowledge the information supplied above is correct and complete.

I understand and accept that termination of employment could result from knowingly supplying information which is incorrect, misleading or construed in such a way to distort the truth.

本人保證以上所填報的, 全是我本人個人的正確資料, 並無隱瞞。

我明白若我蓄意提供錯誤資料, 或誤導, 或隱瞞事實, 可以導致革職, 我願意接受這處分。

Applicant's Signature 申請人簽名: _____

Date 日期: _____