



WORK VISA EXP:	SIGHTED: Y/N
PASSPORT NO:	SIGHTED: Y/N
TAX FILE NO:	APPLIED FOR: Y/N

PGA PERSONNEL

A Division of the Pastoralists & Graziers Association of WA (INC)
Specialising in Rural Placements in Western Australia

POSITION APPLIED FOR: (eg. Stationhand, Farmhand, Housekeeper, Governess, Cook, etc)			
1.	2.	3.	
Surname:			
First Names:		Email:	
Address:			
Phone No:		Fax:	Mobile:
Date of Birth:		Age:	Height: Weight:
Marital Status:		No of Dependants:	Ages:
Partner's Name:		Partner's Occupation:	
Drivers Licence No.:		Expiry Date:	Classes: Sighted: Y/N
Education Level Achieved:		Last School Attended (name):	
Qualifications/Certificates:			
Details of any Criminal Convictions:			
Police Clearance: Yes/No			
EMERGENCY	Surname:		First Name:
CONTACT:	Phone No (Home):		Phone No (Work):

WORK HISTORY:	RELEVANT POSITIONS HELD
1.	Company: From / / To / /
	Address:
	Supervisor: Title: Phone:
	Your Position/Duties:
2.	Company: From / / To / /
	Address:
	Supervisor: Title: Phone:
	Your Position/Duties:
3.	Company: From / / To / /
	Address:
	Supervisor: Title: Phone:
	Your Position/Duties:
LONGEST SERVING POSITION	
	Company: From / / To / /
	Address:
	Supervisor: Title: Phone:
	Your Position/Duties:

277 Great Eastern Highway, Belmont WA 6104 Phone: (08) 9479 4544 Fax: (08) 9479 5343
Internet Site: <http://www.pgapersonnel.org.au> Email: emailus@pgapersonnel.org.au

PERSONAL CARER APPLICATION

PLEASE CIRCLE WHICH IS APPROPRIATE: (eg. Nil / Some / Lots / Highly Skilled)

Carer Skills:	
Are you able to shave client?	Normal / Electric / No
Are you able to shower and dress client?	Yes / No
Are you able to deal with client with double incontinence?	Yes / No
Can you administer medications?	Yes / No
Can you cope with Dementia sufferers?	Yes / No
Can you handle Alzheimer sufferers?	Yes / No
Are you comfortable transporting client by car?	Yes / No

Domestic Skills			
Can you cook?	No / Good / V.Good / Excellent	For how many People?	4 / 6 / 8 /10 / More
Roasts:	No / Good / V. Good / Excellent	Cleaning:	No / Good / V.Good / Excellent
Casseroles:	No / Good / V. Good / Excellent	Washing:	No / Good / V.Good / Excellent
Bake cake:	No / Good / V.Good / Excellent	Ironing:	No / Good / V.Good / Excellent
Make custard:	No / Good / V.Good / Excellent	Gardening:	No / Good / V.Good / Excellent

Documentation:			
Do you have the following:			
Formal Qualifications:	Yes / No	Police Clearance:	Yes / No
First Aid Certificate:	Yes / No	Other:	
Drivers Licence:	Yes / No		

Other Information:			
Own Transport:	Yes/ No	Type:	Hobbies:
Preferred location:			
Casual/Permanent Work:			
Suitable Work Clothing: Yes / No			

Two Contactable Referee's			
Work Related - (Not a relation)		Work Related - (Not a relation)	
Name:		Name:	
Company:		Company:	
Position:		Position:	
Phone:		Phone:	

Where did you hear about PGA Personnel?	
I will notify PGA if and when I return to employment previously arranged by PGA.	
Signature:	Date:

Medical Questionnaire

Please note: The questions below are to assist in placing you in the correct environment.

Name:

- | | | | |
|---|----------|--|----------|
| 1. a) Do you smoke? | Yes / No | b) Current daily consumption _____ | |
| 2. a) Do you drink alcohol? | Yes / No | b) Current daily consumption _____ | |
| 3. a) Heart trouble | Yes / No | b) Chest pains | Yes / No |
| c) Hand injury | Yes / No | d) Back, neck trouble | Yes / No |
| e) Hernia | Yes / No | f) Skin trouble | Yes / No |
| g) Fits, faints, epilepsy | Yes / No | h) Colour blindness | Yes / No |
| i) Allergies | Yes / No | j) Ear trouble, deafness | Yes / No |
| k) Diabetes, thyroid trouble | Yes / No | l) Broken bones, dislocations | Yes / No |
| m) Varicose veins | Yes / No | n) Shortness of breath | Yes / No |
| o) Persistent cough | Yes / No | p) Dizzy spells, blackouts | Yes / No |
| q) Persistent headaches | Yes / No | r) Asthma, bronchitis, other chest problems | Yes / No |
| s) Other bones, joint, muscle tendon trouble | Yes / No | t) Kidney, bladder, urinary trouble | Yes / No |
| u) Difficulty stopping bleeding easy bruising | Yes / No | v) Indigestion, stomach, bowel liver, gall bladder trouble | Yes / No |
| w) Chilblains, unusual feeling in hands/feet | Yes / No | y) High blood pressure | Yes / No |
| | | z) Are you a vegetarian | Yes / No |
| 4. a) Any illness, drug dependency not mentioned? | | | Yes / No |
| b) If so, what? _____ | | | |
| 5. a) Any serious injury not mentioned above? | | | Yes / No |
| b) If so, what? _____ | | | |
| 6. a) Have you ever received workers compensation? | | | Yes / No |
| b) Reason for this? _____ | | | |
| 7. a) When was your last medical examination? _____ | | | |
| 8. a) Are you currently on any medication? | | | Yes / No |
| b) If so, what? _____ | | | |
| 9. a) Are you receiving any other medical treatment? | | | Yes / No |
| b) If so, what? _____ | | | |
| 10. a) Have you any medical conditions etc, you wish us to be aware of ? | | | Yes / No |
| b) If so, what? _____ | | | |
| 11. Have you had a Tetnus Booster in the last 5 years _____ | | | Yes / No |
| 12. a) Do you suffer from any phobias? (eg paranoid about spiders) | | | Yes / No |
| b) Details _____ | | | |
| 13. A Drug & Alcohol test may be requested, are you prepared to participate in this | | | Yes / No |

The questions have been, to the best of my knowledge, answered correctly and completely.

Signature:

Date: