EMPLOYEE INFORMATION Personal Details □ Mr □ Mrs □ Miss □ Other Title: (please tick) Surname: First name: **Emergency Contact Details** Relationship to you □ Husband □ Wife □ Son □ Daughter □ Friend □ Other First name: Surname: Address: Suburb: State: Postcode: Mobile: Email: Home Phone: □ Husband □ Wife □ Son □ Daughter □ Friend □ Other Relationship to you Surname: First name: Address: Suburb: State: Postcode: Home Phone: Mobile: Email: **Medical** Optional: If you would like your work colleagues to know about any conditions you have that may assist in emergency care (e.g. Hemophilia, diabetes, asthma and allergies etc), please provide details below: Do you have any past or current medical condition that may affect your performance in the role applied for, or which may be aggravated or worsened by the duties of the role? ⊓ Yes ⊓ No If yes, please describe in detail: **Working / Cultural Preferences** HCE's duties include:-I can work with:-

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Domestic Assistance

Social Support (driving to medical appointments etc)

Personal Care (must have Certificate III in Aged Care)

Bank Details								
Name of Financial Institution								
Account Name								
BSB Number								
Account Number								

□ Male

□ Both

□ Female