

Job eligibility and application

Last name																												
First name																												
Address																												
Suburb		State																										
Postcode	Phone	Date Of birth																										
Do you need an interpreter? No <input type="checkbox"/> Yes <input type="checkbox"/>																												
If yes please specify:																												
<p>The Brite Services supports people with a disability and people who are vocationally disadvantaged over the age of 17 years.</p> <p>To be eligible to access Brite Services' Employment Services you must be able to meet the following criteria (please tick):</p> <table><tr><td>Aged 17 years or over</td><td>Yes <input type="checkbox"/> No <input type="checkbox"/></td></tr><tr><td>Motivated to work</td><td>Yes <input type="checkbox"/> No <input type="checkbox"/></td></tr><tr><td>Able to work a minimum 8 hours per week</td><td>Yes <input type="checkbox"/> No <input type="checkbox"/></td></tr><tr><td>Does not require attendant care</td><td>Yes <input type="checkbox"/> No <input type="checkbox"/></td></tr><tr><td>Able to self administer medication</td><td>Yes <input type="checkbox"/> No <input type="checkbox"/></td></tr><tr><td>Willing to follow Brite Services OH&S policies & procedures</td><td>Yes <input type="checkbox"/> No <input type="checkbox"/></td></tr><tr><td>Willing to participate in the Wage Assessment process</td><td>Yes <input type="checkbox"/> No <input type="checkbox"/></td></tr><tr><td>Willing to actively participate in the Employment Assistance Plan process</td><td>Yes <input type="checkbox"/> No <input type="checkbox"/></td></tr><tr><td>Receiving or eligible for a Disability Support Pension</td><td>Yes <input type="checkbox"/> No <input type="checkbox"/></td></tr><tr><td>Current Resume if available</td><td>Yes <input type="checkbox"/> No <input type="checkbox"/></td></tr><tr><td>Not registered with another Commonwealth funded business service</td><td>Yes <input type="checkbox"/> No <input type="checkbox"/></td></tr><tr><td>Responsible for own transport to and from work</td><td>Yes <input type="checkbox"/> No <input type="checkbox"/></td></tr><tr><td>Clear police check and willing to undergo a police check every three years</td><td>Yes <input type="checkbox"/> No <input type="checkbox"/></td></tr></table>			Aged 17 years or over	Yes <input type="checkbox"/> No <input type="checkbox"/>	Motivated to work	Yes <input type="checkbox"/> No <input type="checkbox"/>	Able to work a minimum 8 hours per week	Yes <input type="checkbox"/> No <input type="checkbox"/>	Does not require attendant care	Yes <input type="checkbox"/> No <input type="checkbox"/>	Able to self administer medication	Yes <input type="checkbox"/> No <input type="checkbox"/>	Willing to follow Brite Services OH&S policies & procedures	Yes <input type="checkbox"/> No <input type="checkbox"/>	Willing to participate in the Wage Assessment process	Yes <input type="checkbox"/> No <input type="checkbox"/>	Willing to actively participate in the Employment Assistance Plan process	Yes <input type="checkbox"/> No <input type="checkbox"/>	Receiving or eligible for a Disability Support Pension	Yes <input type="checkbox"/> No <input type="checkbox"/>	Current Resume if available	Yes <input type="checkbox"/> No <input type="checkbox"/>	Not registered with another Commonwealth funded business service	Yes <input type="checkbox"/> No <input type="checkbox"/>	Responsible for own transport to and from work	Yes <input type="checkbox"/> No <input type="checkbox"/>	Clear police check and willing to undergo a police check every three years	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Signature of applicant:		Date:																										

Please send this application to Employee Support, P.O. Box 342, Dallas 3047

We shall contact you soon to discuss this application. If you have any questions please call 9309 5111 and ask to speak with Employee Support. Brite Services promises to be fair when selecting people to join our service.