

Recreation, Work & Life-skills for People with Disability

The Leisure Company is a not for profit organisation that has been operating for over twenty five years, we are an NDIS Registered Provider that offers recreation, work and life skills to people with disability.

The Leisure Company has an excellent reputation for delivering exceptional services to people with disability. We offer flexible and innovative support options where participants can design their own unique supports and participate in purposeful and meaningful activities. Participants have the opportunity to select staff based on shared interests, creating a truly individualised service.

The wonderful team at The Leisure Company support people to get the best out of their NDIS plans, we are registered providers of many NDIS funded supports.

Types of supports include; Group based Social and Recreational Activities, Supported Holidays and Overnight Stays, 1:1 Supports, Community Based Activities, Team Sports, Skill Development, Finding and Keeping a Job, Support in Home and Personal Care.

The Leisure Company strive to support people to develop the skills they need to achieve their goals, increase their independence and be valued members of their community.

Our vision is
for all people
with disability
to lead
valued lives.

Our mission is
to work with
exceptional
people to
identify and
provide their
individual
supports.



The Leisure Company Disability Support Worker

The Leisure Company is a not for profit organisation that provides recreation, work and life skills opportunities to people with a disability. We are seeking an experienced support worker who has a passion and interest in supporting young people with a disability to reach their full potential in life.

For your application to be considered, you must include the following:

- A cover letter – indicating what position you are applying for
- A current resume
- A completed application form
- Responses to the selection criteria (no more than three pages)
- A signed copy of “Performance Requirements of Support Workers’
- Handwritten* response to ‘Attributes of a Successful Support Worker’

Selection Criteria:

1. What experiences have you had as a support worker in the disability field?
2. What skills and experience do you have working with people with complex support or behavioural needs?
3. How are you flexible and adaptable in your work approach?
4. This position has a number of administrative tasks involved, do you have excellent communication skills, including written and oral? Are you confident to use of technology such as computers/IPad’s etc?
5. How are you receptive to the support needs of people who have a mild to severe intellectual and/or physical disability?
6. How are you able to demonstrate initiative and to work as part of a team supervised and unsupervised?
7. Please explain your understanding of Work, Health & Safety and how it might apply in the disability industry.
8. How do you or could you take a fun and enthusiastic approach towards recreation, living and education skills?
9. Do you hold a current NSW Driver’s License?

Performance Requirements of a Support Worker

Are you capable of performing the following duties?

Please circle the activities you can't do.

Physical

- Lifting up to 20kg
- Pushing wheelchair (on flat, steep and rough surfaces)
- Bending
- Stretching
- Walking for up to 2 hrs.
- Running (Short distances)
- Walking up & down stairs
- Securing wheelchairs in the buses
- Supporting participants off and on bikes

Passive

- Driving for up to 2 hours
- Hand & foot massages
- Reading/listening to participants read
- Sitting for up to 2 hours

Office Duties

- Reading
- Hand writing (needs to be clear and legible)
- Filing
- Regularly attend staff meetings and undergo workplace appraisals
- Working with computers, emails, fax, photocopier, phones, excel docs
- Completing all relevant paperwork, including file notes, risk assessments and incident reports, petty cash

Personal care

- To change depends of someone incontinent
- Toileting
- Dressing/undressing
- Assisting during mealtime
- Administering medication
- Showering a participant

Recreational

- Swimming at least once a week
- Going to the gym
- Ball Sports, e.g. Basketball, tennis, cricket
- Singing, dancing and drama
- Snooker/Darts
- Fishing
- Playing cards/board games
- WiiGames/Xbox operations
- Art & Craft
- Self Defense/Martial Arts
- Yoga/Thai Chi
- RDA

Living Skills

- Taking out the rubbish
- Cooking
- Cleaning
- Washing up
- Preparing meals
- Transporting participants to activities
- Travel training
- Car maintenance
- Shopping
- Personal grooming
- Gardening

Educational

- Work skills
- TAFE
- Operating computers
- Emailing
- Community College
- Employment support
- Literacy and numeracy support
- Communication book development

You need to be aware of the NSW Disability Service Standards, WHS issues and Duty of Care. In addition to this, you will need to adhere to the organisations policies and procedures.

Name: _____

Date: _____ Signed: _____



The Leisure Company Application Form

Your Details

Full Name	
Address	
Contact Number	
Email Address	
Date of Birth	

Job Details

Job Title	Support Worker
Classification	Community services worker Grade 2
Award	Social, Community & Home Care Services Industry Award
Job Description	To support people with an intellectual disability to participate in education, pre-vocation, living and recreational pursuits. The job also includes personal care, lifting & physical activities e.g. swimming.
How were you referred to The Leisure Company?	

Driver's License Details

- Do you have a current NSW Driver's License? Y/N please circle
- What class of driver's license do you have?
- Are you able to drive a manual vehicle? Y/N please circle
- Please attach a photocopy of license with application

Proof of Identity – 100 points of Identification checklist

If you are selected for a job interview you will be required to have 100 points of identification.

Passport	70
Birth Certificate	70
Driver's License	40
Public Service ID	40
Social Security Card	40
Tertiary Education Card	40
Rates Notice	35
Credit card or Debit Card or Passbook	25
Medicare Card	25

Present or Last Position (please provide two)

Employer		
Address		
Supervisor		
Phone		
Email Address		
Position Title		
From:		To:
Responsibilities		
Reasons for Leaving?		
May we contact your present employer	Yes/No please circle If no, why?	

Employer		
Address		
Supervisor		
Phone		
Email Address		
Position Title		
From:		To:
Responsibilities		
Reasons for Leaving?		
May we contact your present employer	Yes/No please circle If no, why?	

Relevant Qualifications

Please tick any of the following boxes indicating relevant employment, experience or qualification:

<input type="checkbox"/>	Certificate 3 Disabilities	<input type="checkbox"/>	Special Education	<input type="checkbox"/>	Enrolled Nursing
<input type="checkbox"/>	Certificate 4 Disabilities	<input type="checkbox"/>	Teaching	<input type="checkbox"/>	Diploma of Disabilities

Other relevant qualifications or certificates: _____

Relevant Employment Experience

Please tick any boxes indicating relevant employment experience working with people with the following types of disability:

<input type="checkbox"/>	Intellectual Disability	<input type="checkbox"/>	Hearing/Visual Impairment	<input type="checkbox"/>	Physical Disability
<input type="checkbox"/>	Dementia	<input type="checkbox"/>	High Support Needs	<input type="checkbox"/>	Cerebral Palsy
<input type="checkbox"/>	Autism	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Challenging Behaviors
<input type="checkbox"/>	Acquired Brain Injury	<input type="checkbox"/>	Muscular Dystrophy	<input type="checkbox"/>	Downs Syndrome

Other Disability: _____

Other: _____

First Aid

Do you have a current first aid certificate? Y/N please circle

If yes, please attach a copy of your certificate

Working With Children Check

Do you have a current NSW Working With Children Check, or have you begun the application process for a NSW Working With Children Check. You cannot be employed with a WWCC.

Yes / No - Please Circle

Days/Hours Available

What is your current availability?

Day	Time
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

- Can you work weekends? Y/N please circle
- Can you work evenings? Y/N please circle
- When are you available to commence employment? _____

Health

Do you have or have you had an injury that could affect your employment? Y/N please circle

If you answered yes, please describe _____

DISCLOSURE OF A MEDICAL CONDITION OR RESTRICTION DOES NOT NECESSARILY EXCLUDE AN APPLICANT FROM EMPLOYMENT

You may be required to undertake a pre-employment medical assessment. Will you be willing to do this?
Y/N please circle

Signature: _____

Date: _____

