



Community Care Worker

Casual

March 2019

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5. Organisational Structure



INFORMATION FOR APPLICANTS

Community Care Worker

Casual

1. Please provide a current **Resume** and prepare a **Cover Letter**. Applicants are also required to address each of the descriptors under the “**Required Education, Training, Knowledge and Experience**” section of the Position Description provided. Examples and descriptions of how you are able to meet these requirements must be provided.
2. Please complete the **Employment Application Form & Pre-Employment Health Declaration** and forward with your application.
3. Offers of employment will be conditional on relevant organisational pre-employment screening approvals including a **Nationally Co-ordinated Criminal History Report** and a current **Victorian Employee Working with Children Check (where applicable)**.
4. All prospective employees are required to complete a **Staff Immunisation Pre-employment Questionnaire** and provide documented evidence where requested and must be willing to participate in Otway Health’s annual immunisation program as per Otway Health’s Workplace Immunisation Policy.
5. Your salary and allowances will be paid in accordance with the *Victorian Public Health Sector (Health and Allied Services, Managers and Administrative Workers) Single Interest Enterprise Agreement 2016 - 2020*.
6. Hours of work are casual on an “as needs” basis.
7. Otway Health will pay superannuation in accordance with the *Superannuation Guarantee (Administration) Act 1992* to a nominated Superannuation fund.
8. Otway Health provides equal opportunity and fair and equitable treatment in employment to all people without regard to race (including ethnic origin and nationality), colour, religion, gender, age, disability, political affiliation, marital status, actual or assumed physical, intellectual or psychological impairment, family or carer’s responsibilities, sex (including pregnancy and marital responsibilities) sexual orientation.
9. Attach copies of any relevant qualifications to your application (if applicable).
10. The names of two professional referees are required including, if possible, your supervisor if you are currently working or a previous supervisor if you are not currently working.
11. For further information please contact Integrated Care Manager, Julie Walter dns.lorne@swarh.vic.gov.au or 035237 8500.
12. **Applications close 9.00am Monday 8th April 2019.**
13. Address applications to
Georgina Harrison
Human Resources Co-ordinator
Otway Health
PO Box 84
Apollo Bay VIC 3233
glharrison@swarh.vic.gov.au



Otway Health will be an innovative, responsive and highly professional organisation that adapts to the diverse changing health needs of the community.

Position Description

Community Care Worker

JOB TITLE

Position	Community Care Worker
Classification	Health Care Worker Grade 1 or Grade 2.
Award	Victorian Public Health Sector (Health and Allied Services, Managers and Administrative Workers) Single Interest Enterprise Agreement 2016 – 2020.
Performance Appraisal	Initial review at three (3) months, then annually with Primary Care Manager between April and June each calendar year.

OTWAY HEALTH

Otway Health is a Multi-Purpose Service (MPS) located at Apollo Bay on the Great Ocean Road in South West Victoria. The MPS is a joint Commonwealth and State Government initiative for isolated areas. This model concept draws together appropriate health and community services within the one organisation. The aim of Otway Health is to provide an integrated health service consisting of community and allied services, primary care, in-home support services, adult education, neighbourhood house, flexible aged care residential places, a small acute unit and an Urgent Care Unit for emergencies.

MISSION

To enable people in our region to optimise their wellbeing through providing access to health and community services.

VALUES and BEHAVIOURS

- ❖ **Professional:** We deliver excellent, confidential, reliable and safe services to the community with integrity.
- ❖ **Compassionate:** We deliver person centred care and are welcoming and equitable to all people engaging with the service.
- ❖ **Responsive:** We are dynamic, innovative and adaptable in responding to changing health and social environments.
- ❖ **Accountable:** Our actions are trustworthy, principled and transparent.
- ❖ **Respectful:** We are consultative; providing a non-judgemental, accepting environment where needs are acknowledged and considered.

POSITION BACKGROUND

The Community Care Worker is responsible for undertaking domestic and personal assistance to consumers who have been assessed as eligible to receive IHSS/CHSP Services. Services are provided in line with the Active Service Model and under the direction of the Primary Care Manager. Services are designed to assist consumers to remain safe and independent in their own home. Community Care Workers are also responsible for ensuring that any changes in client status is communicated to the Primary Care Manager and Community Nurse as applicable.

KEY RESPONSIBILITIES

RESPONSIBILITY AREA 1: **Organisational Responsibilities**

ROLE SPECIFIC TASKS	MEASURES
Organisation Culture	<ul style="list-style-type: none"> To understand and adopt OH values in all areas of responsibility with attention to consumer focus, teamwork and community orientation.
Occupational Health and Safety	<ul style="list-style-type: none"> Proactively take responsibility for your own health and safety and for the health and safety of anyone else who may be affected by our acts or omissions in the workplace. Understand and proactively work within Occupational Health and Safety Acts, regulations and codes of practice.
Risk Management	<ul style="list-style-type: none"> Ensure effective and timely risk identification, assessment, control and issue resolution processes are maintained.
Management and Control	<ul style="list-style-type: none"> Ensure all activities are within the approved policies, legal and ethical framework of the organisation. Understand and take responsibility to work within the delegations of authority.
Quality Management	<ul style="list-style-type: none"> Ensure all services are provided within a quality and risk management framework, with demonstrated outcomes. Understand the quality standards and accreditation requirements relevant to the role and ensure systems and processes are consistent.
Professional Development	<ul style="list-style-type: none"> Ensure skills are up to date and in accordance with best practice guidelines. Keep up to date with changes in Policies and Procedures. Ensure all mandatory LMS training is undertaken within all required timeframes.
Child Safe	<ul style="list-style-type: none"> Demonstrate an understanding of Child Safe Standards and appropriate behaviours and actions according to the do's and don'ts of the Otway Health Child Safe – Code of Conduct.
National Police Check	<ul style="list-style-type: none"> A current National Police Check is required for Otway Health Employees.
General Statement of Duties	<ul style="list-style-type: none"> Perform the inherent responsibilities of the position and other related duties as directed and assigned to you, having regard to your skills, qualifications, training and experience, to contribute to meeting client and community needs and program requirements.

RESPONSIBILITY AREA 2: **Clinical Practice / Professional Practice**

Otway Health strives to deliver the highest level of care possible. To enable this to occur, all personnel need to develop and maintain appropriate professional behaviours in all areas of practice. This covers both clinical and non-clinical workplaces, and is the physical manifestation of the Otway Health values.

Clinical –

ROLE SPECIFIC TASKS	MEASURES
	Not Applicable

Professional –

ROLE SPECIFIC TASKS	MEASURES
<ul style="list-style-type: none"> ▪ Provide Community Care services to assist in the maintenance of a safe environment and to enable the continuance of the consumer’s independence at home. These services include personal and domestic assistance. Provide these services in accordance with the guidelines and policies outlined in: <ul style="list-style-type: none"> ○ Otway Health Staff Handbook ○ Community Care Worker Handbook ○ OH & S Manual for Community Care Workers ○ Client Care Plans ○ Otway Health Uniform Policy ○ Occupational Health and Safety Guidelines 	<ul style="list-style-type: none"> ▪ Committed to delivering high quality outcomes for clients. ▪ Use the agreed Otway Health tools, documentation, and policies for all Community Care communication including: feedback forms, client progress notes, email, Riskman, PJB, meetings, mobile phone, SOLLE.
<ul style="list-style-type: none"> ▪ Provide service in line with active service model principles. 	<ul style="list-style-type: none"> ▪ Operates in a manner that is consistent with the organisation’s code of conduct.
<ul style="list-style-type: none"> ▪ Ensure program issues are communicated to the Community Care Coordinator or Manager of Community Services. 	<ul style="list-style-type: none"> ▪ Report immediately any changes to client wellbeing.
<ul style="list-style-type: none"> ▪ Provide administration assistance to the Community Care Team during rostered administration time. 	<ul style="list-style-type: none"> ▪ Establishes and maintains relationships with people at all levels.
<ul style="list-style-type: none"> ▪ Accurately complete timesheets and vehicle mileage claim forms fortnightly. 	
<ul style="list-style-type: none"> ▪ Participate in rostered training. 	<ul style="list-style-type: none"> ▪ Regularly meet appointment times.

RESPONSIBILITY AREA 3: Information Management (inc Communication & Documentation)

Otway Health understands the need for effective communication and rigorous documentation in the delivery of health care. How we manage information within the organisation is crucial for our customers trust, our reputation in the wider community and how they perceive Otway Health.

ROLE SPECIFIC TASKS	MEASURES
<ul style="list-style-type: none"> ▪ Complete documentation within 24 hours and in keeping with Otway Health guidelines and protocol. 	<ul style="list-style-type: none"> ▪ Prepares reports, notes, emails, and letters using clear, concise and grammatically correct language.

SCOPE OF PRACTICE

The Community Care Worker will be limited to:

- The provision of quality care to Community clients.

ORGANISATION CHART

Reports to: Primary Care Manager

Supervises: NIL

External Liaisons: Represents Otway Health to the community as required. Establishes and maintains relevant Networks and links with appropriate agencies.

Internal Liaisons: All Otway Health staff

REQUIRED EDUCATION, TRAINING, KNOWLEDGE AND EXPERIENCE

1. Essential Education:
 - A certificate in or equivalent to one of the following or a willingness to commence such training within three months of commencement:
 - CHC33015 Certificate III in Individual Support (Ageing, Home and Community)
 - HLTF2A Apply Advanced First Aid
2. Essential Requirements:
 - A current Victorian Driver's Licence.
 - Computer skills: Understands the purpose of, and is able to use, common software applications.
 - Verbal communication: Speaks clearly and concisely and keeps people interested when speaking; uses a polite and considerate manner when dealing with others.
3. Desirable Skills: Experience in community based service delivery preferred but not essential.

PERFORMANCE STANDARDS

Evidence of completion of competencies relating to your current role.

AGREEMENT

Pre-Existing Injury

Prior to any person being appointed to this position, it will be required that they disclose full details of any pre-existing injuries or disease that might be affected by employment in this position.

Position Description Approved _____ Date _____
Manager/Director Signature

Position

I acknowledge and accept that this position description represents the duties, responsibilities and accountabilities that are expected of me in my employment in the position.

Employee Signature

Employee Name (please print)



Employment Application Form

APPLICANT SECTION

Position applied for: _____

Personal details

Given name: _____

Family name: _____

Preferred name: _____

Address: _____

Telephone

Daytime: _____

Mobile: _____

Email: _____

Current qualifications

Qualification title	Institution/training provider	Year completed

Are you currently undertaking study/training?
(tick one)

Yes

No

If yes, course/program name: _____

(tick one)

Full time

Part time

Distance

Other

Previous Employment (most recent first)

Employer name/ establishment	Dates from/to	Position held

Reference Checks

Please provide details of three people who can speak on your behalf regarding your work history. *(Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential.)*

Name	Contact No.	Position held/working relationship (eg supervisor)	Office use check initial/date

When will you be available for work?

Declaration

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organisation. I understand that this application does not constitute an offer of employment. I understand that a Nationally Co-ordinated Criminal History Check and Working with Children Check (where applicable) will be required.

Signed: _____

Date: _____



PRE-EMPLOYMENT HEALTH DECLARATION

Otway Health is committed to protecting the health, safety and well-being of all employees. To achieve this, the Service strives to ensure that employees are not required or permitted to undertake work for which they are not suited and to take appropriate measures to allow work to be done in a manner which will not put any person at risk to their occupational health and safety.

To assist Otway Health in achieving this objective, prospective employees are required to complete a pre-employment health declaration. When completing the pre-employment health declaration it must be in full knowledge of the position as outlined in the relevant Position Description, and selection criteria. Prospective employees are requested to read the relevant documents carefully and discuss any queries prior to completing the form with Otway Health's Human Resources Co-ordinator or respective Manager.

The primary purpose of this pre-employment health declaration is to assist Otway Health to ensure that no person is placed in an environment or given tasks that will result in physical or mental harm. It is not the intention of the pre-employment health declaration to deny a person employment solely because of disability or illness. The pre-employment health declaration does enable, where applicable, appropriate and reasonable action to be taken by the organisation to meet the provisions of Sections 41(1) and (2) of the *Workplace Injury Rehabilitation and Compensation Act 2013* and Section 21 of the *Occupational Health and Safety Act 2004*.

Sections 41(1) and (2) of the *Workplace Injury Rehabilitation and Compensation Act 2013* require disclosure to an employer of any pre-existing injuries or disease suffered, or existing injuries or disease that an employee continues to suffer of which they are aware and could reasonably be expected to foresee, and could be affected by the nature of the proposed employment.

Section 21 of the *Occupational Health and Safety Act 2004* states that an employer shall provide and maintain, so far as practicable, for employees a working environment that is safe and without risks. Failure to make a disclosure, or the making of a false or misleading disclosure, may disentitle an employee to compensation pursuant to the *Workplace Injury Rehabilitation and Compensation Act 2013* should they suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of a pre-existing injury or disease arising from employment with the service. Otway Health may rely upon any failure to disclose in accordance with the provisions of the *Workplace Injury Rehabilitation and Compensation Act 2013* as grounds for denying compensation.

This pre-employment health declaration also assists Otway Health to obtain information to enable it to meet its obligation under the *Equal Opportunity Act 2010* to make reasonable adjustments for an employee or prospective employee in order to perform the genuine and reasonable requirements of the employment.

Privacy Notice

All details provided on this form are treated confidentially. The completed pre-employment health declaration form will be retained on an employee's personnel file, which is kept secure at all times. Where employment is not taken up, for whatever reason, all documents relating to an employee's application will be retained for six months after the finalisation of any appointment and then destroyed. A prospective employee's health declaration may be required, where relevant, to be disclosed to Otway Health's compensation insurer should an employee submit a workers' compensation claim.

SECTION 1. PERSONAL DETAILS	
Given Name(s):	
Surname:	
Address:	
Email:	
Telephone No:	Mobile: _____ Other: _____
Position Title:	

SECTION 2. EMPLOYEE HEALTH HISTORY: <i>(please circle your answer)</i>		
Are you aware of any circumstances regarding your health or capacity to work that could interfere with your ability to perform the duties of the proposed employment? <i>If answering yes, when providing further detail please include any reasonable adjustment which could be considered to accommodate you in performing these duties.</i>	Yes	No
If yes, please provide details:		
Have you had an existing or pre-existing injury or disease which could be affected by the nature of proposed employment or you could reasonably be expected to foresee could be affected by the nature of the proposed employment? <i>Existing is a condition for which treatment is still being received, pre-existing is where an injury or condition is present but treatment is not required.</i>	Yes	No
If yes, please provide details:		
Are you required to take medication which may affect your ability to perform the duties of the proposed employment, attendance at work or provide risk to your health and safety or the health and safety of others in the workplace? <i>If answering yes, when providing further detail please include any reasonable adjustment which could be considered to accommodate you in the workplace.</i>	Yes	No
If yes, please provide details:		
Do you have any known allergies to medications, foods or other substances?	Yes	No
If yes, please provide details:		
Have you ever worked with any substances or in any conditions which may have been hazardous to your health (e.g. asbestos exposure, toxic chemicals, stressful or noisy environments) and for which you need a modified workplace?	Yes	No
If yes, please provide details:		

SECTION 3. WORKERS COMPENSATION: (please circle the appropriate response)

Do you have any pending Workers Compensation or any disability claims whatsoever?

If answered yes, please specify details below:

Approximate Date:

Name of Employer:

Nature of the claim:

Duration:

Yes No

SECTION 4: EMPLOYEE DECLARATION

- I declare that the information I have provided on this form is true and correct to the best of my knowledge and belief. Should any circumstances relating to my health and well-being change whilst under the employment of Otway Health, that may affect my capacity to perform the inherent requirements of the position that I am undertaking, I agree to inform my respective Manager or the Human Resources Co-ordinator immediately.
- I acknowledge that any non-disclosure or false or misleading information on my part may result in section 41 (2) of the *Workplace Injury Rehabilitation and Compensation Act 2013 (WIRC Act)* being applied. This would disentitle me or my dependents from receiving benefits relating to any recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing injury or disease arising out of, or in the course of, or due to the nature of this employment with Otway Health.
- I agree to report any incidents or injuries which occur in the workplace, immediately to my supervisor/Manager or appropriate OH & S delegate, as required by legislation

DATED: _____ day of _____ 201_____

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Print Name of Applicant

Print Name of Witness

.....

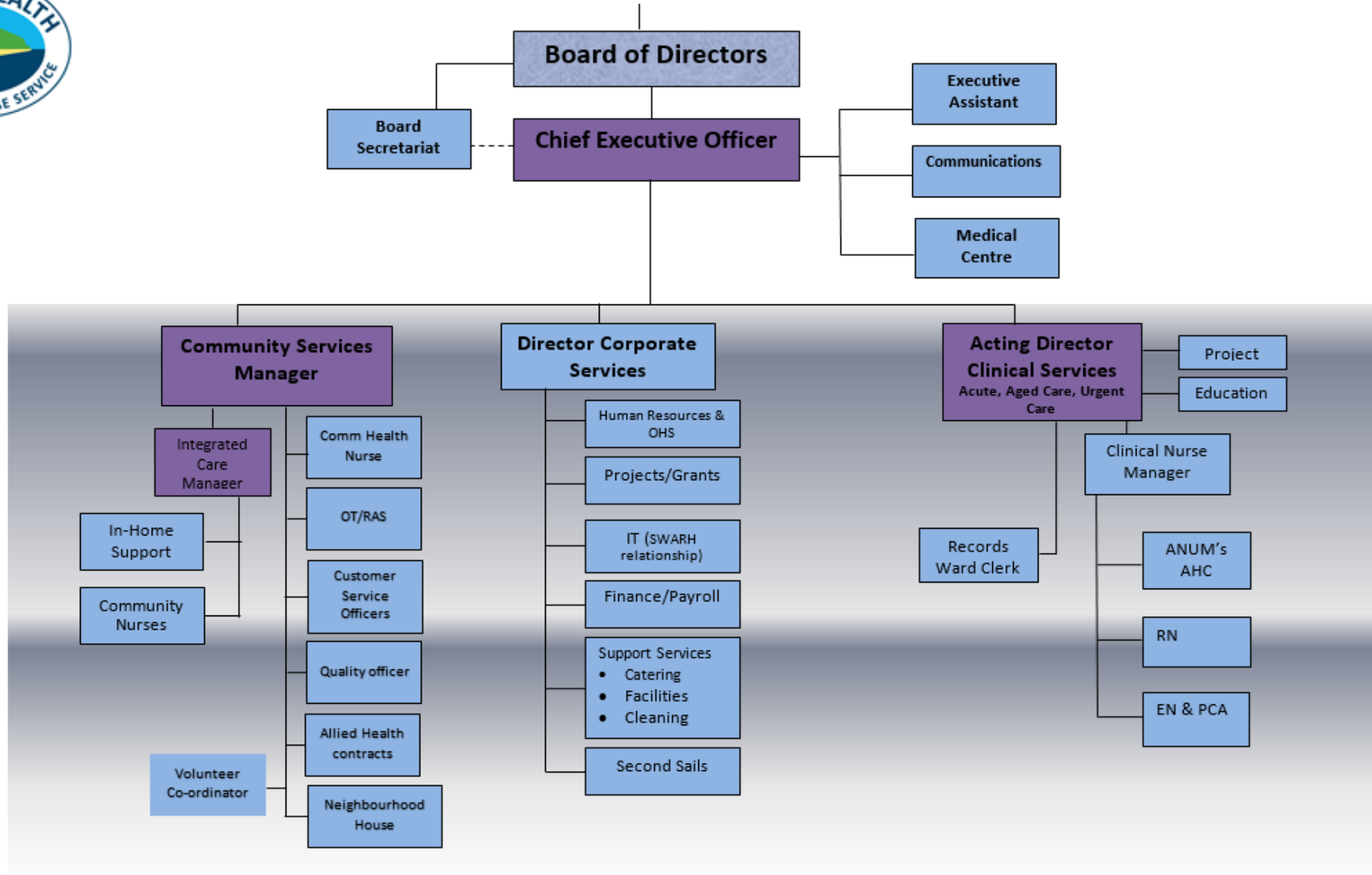
.....

Signature of Applicant

Signature of Witness



OTWAY HEALTH ORGANISATIONAL STRUCTURE



Tabled
May 2018

