



ABN: 80602941882

## **Expression of interest**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

First name:

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Surname:

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D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ABN Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Mob: \_\_\_\_\_

Email:

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Address:

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Job active provider:

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Skills and Experience:

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ABN: 80602941882

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Areas of Interest:

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Suburbs Available to Work In:

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Availability:

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

Overnight shifts: Yes/No

Please fill in all areas of the form, and send back to [enquiries@empoweredtocare.org.au](mailto:enquiries@empoweredtocare.org.au) including your resume, personal and professional referees.

You will be contacted within 14 days once all information is received.

Thank you for your interest in becoming an Independent Contractor with Empowered to Care Ltd.



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*Any information supplied to ETC is treated as confidential*

If your application is successful, please be aware that you will need to provide the following documentation:

- Drivers Licence
- Birth Certificate
- Medicare Care
- Blue/Yellow Cards
- Police Check
- Application Forms – provided at interview
- Code of Conduct Signed – provided at interview
- Confidentiality Agreement Signed – provided at interview
- Obligations and Requirements Signed – provided at interview
- Fee Sheet Signed – provided at interview
- ABN Number
- Applicable Certificates eg. Certificate 3 in Individual Support
- Applicable Licences for Builders/Maintenance etc
- First Aid Certificate
- Certificate of Insurance for Comprehensive Car Insurance
- Certificate of Insurance for \$10 000 000 Public Liability
- Bank Account details – to be emailed to [accounts@empoweredtocare.org.au](mailto:accounts@empoweredtocare.org.au)