# Avidity Training and Development logo National Disability Services logo

NDS Disability Support - Pre-employment Program Expression of Interest Form

# Details of program

## Dates

* 29 and 30 October 2024
* 5 and 6 November 2024
* 12 and 13 November 2024
* 19 and 20 November 2024
* 26 and 27 November 2024
* 3 and 4 December 2024

## Times - all sessions

10:00 am to 2:30pm AEST

## Venue

St Helens

**Please email this completed form to** **admin@avidity.com.au**

# Personal details

|  |  |
| --- | --- |
| Question | Answer |
| Given Name |  |
| Surname |  |
| Contact Number |  |
| Over 18 years (answer yes or no) |  |
| Contact Email |  |

# Your suitability

The following details are required to assess your suitability for Disability Support work. If you cannot provide the documentation listed in this form, you may not be eligible for this program.

|  |  |
| --- | --- |
| Question | Answer |
| 1. Are you fully vaccinated for COVID-19, including booster/s (three vaccinations)? (answer yes or no)Please provide a copy of your vaccination certificate.
 |  |
| 1. Do you have a current Working with Vulnerable People Card? (answer yes or no)Please provide a copy.
 |  |
| 1. Do you have a current Police Check (within 3 months)? (answer yes or no)Please provide a copy.

If no, you may be required to complete this to do work placement. |  |
| 1. Do you have a current driver’s licence? (answer yes or no)

Please provide a copy. |  |
| 1. Do you have access to a reliable vehicle? (answer yes or no)
 |  |
| 1. Do you have the physical capacity perform manual handling tasks? (answer yes or no)
 |  |
| 1. Availability for work experience days/times:
 |  |
| 1. How did you find out about the program?
 |  |
| 1. Referral person contact details (if applicable):
 |  |

# Applicant Signature

|  |  |
| --- | --- |
| Applicant Signature | Date |
|  |  |

**Please email this completed form to** **admin@avidity.com.au**

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