

EMPLOYMENT DETAILS

What is Self Help Workplace?



Self Help Workplace is a registered provider of supports with NDIS.

We employ people with a disability to do lots of different jobs.



There are two main work areas called Prime Timber Production and Merit Commercial Solutions.



Prime Timber Production is where things are made out of timber. The workers use nail guns, hammers and saws.



Merit Commercial Solutions is where employees use their hands to put things together like mail-outs, boxes and brochures.

Can I work at Self Help Workplace?



You can apply for work at Self Help Workplace if you:

- are eligible for the NDIS
- have finished high school
- need support to keep a job
- can understand and follow instructions
- can use your hands to build, fold, seal, tie knots, etc.
- work well with others
- work safely
- attend to your own personal hygiene
- administer your own medication

Will I get paid?



Yes. You will receive an assessed wage depending on the sort of work you do

You will also get superannuation and leave entitlements.

How often do I work?



All new employees start on 2 days per week

The work day is from 9am until 3.30pm

What happens now?



When you apply, we will contact you to do a tour of the workplace. You can bring your family or support person with you.

We may ask you to do a volunteer trial day.

If employment with us is suitable, we will arrange a start date and provide you with your employment paperwork.

EMPLOYMENT APPLICATION



ABOUT YOU

APPLICANT'S SURNAME _____

FIRST NAME _____ MIDDLE NAME _____

ADDRESS _____

DATE OF BIRTH _____ PHONE _____ MOBILE _____

SUPPORT PERSON NAME _____ PHONE _____

CENTRELINK CUSTOMER REFERENCE NUMBER (CRN) _____

PRIMARY DISABILITY _____ SECONDARY (if any) _____

ADDITIONAL SUPPORT REQUIREMENTS _____

(i.e. wheelchair access, interpreter, quiet room, cultural needs etc.)

DAYS AVAILABLE TO WORK (Circle) **MON TUES WED THURS FRI**

AREA APPLYING FOR (Tick) ☐ **PRIME TIMBER PRODUCTION** ☐ **MERIT COMMERCIAL SOLUTIONS**

NDIS

DO YOU HAVE AN NDIS PLAN? (Circle) **YES / NO** NDIS PARTICIPANT NUMBER _____

COORDINATOR OF SUPPORTS (if any) _____ PHONE: _____

OTHER INFORMATION

You DO NOT have to complete this section if you don't want to

ARE YOU ABORIGINAL OR TORRES STRAIT ISLANDER? (Circle)..... **YES / NO**

ARE YOU UNDER A GUARDIANSHIP ORDER? (Circle)..... **YES / NO**

DO YOU TAKE REGULAR MEDICATION? (Circle)..... **YES / NO**

DO YOU HAVE ANY CRIMINAL CONVICTIONS? (Circle)..... **YES / NO**

LIVING ARRANGEMENTS (tick) ☐ PRIVATE HOUSE ☐ SUPPORTED ACCOMMODATION/UNIT
☐ GROUP HOME ☐ AGED CARE FACILITY

SIGNATURE OF APPLICANT _____ DATE _____

OFFICE USE ONLY	Date	Completed by
Tour of premises		
Volunteer Trial		
Notes:		