



MURRAY HUMAN SERVICES INC

Services Application Form

APPLICANT DETAILS

Surname

Given names

Prefer to be called

Address

P/C

Phone 1 Date of Birth

Phone 2 Gender

DEMOGRAPHICS

Country of Birth Australia Other _____

Origin Aboriginal Torres Strait Islander

Preferred Language English Other _____

Sign Interpreter Required

Accommodation Live Alone Live with family

Other (please specify) _____

INCOME DETAILS

Income Source Disability Support Pension Newstart

Other (please specify) _____

Do you receive... Mobility Allowance Youth Allowance

Other (please specify) _____

Centrelink Office

Endorsement YES NO WAT Score

Centrelink Reference No.

OFFICE USE ONLY

Employee ID No. Funding

Agency MES The Grange MISH

Registration Date Work Trial to

Probationary Period to Ongoing YES

Deregistration Date Reason



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NATURE OF DISABILITY

Information Form must also be completed

Primary Disability

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Neurological | <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Specific Learning/ADD |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Other _____ | |

Secondary Disabilities

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Neurological | <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Specific Learning/ADD |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Other _____ | |

Nature of Disability

- | | | |
|-----------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Episodic | <input type="checkbox"/> Non-Episodic | <input type="checkbox"/> Other _____ |
|-----------------------------------|---------------------------------------|--------------------------------------|

SUPPORT ASSISTANCE

What level of support is required in the following areas?

	None	Occasionally	Frequently	Continual	Not known
Self Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning New Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Day Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTRIBUTES

How would you describe yourself in the following areas?

Appearance	<input style="width: 100%;" type="text"/>
Motivation	<input style="width: 100%;" type="text"/>
Concentration	<input style="width: 100%;" type="text"/>
Initiative	<input style="width: 100%;" type="text"/>
Speed	<input style="width: 100%;" type="text"/>
Learn new tasks	<input style="width: 100%;" type="text"/>
Following instructions	<input style="width: 100%;" type="text"/>
Maturity	<input style="width: 100%;" type="text"/>



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Punctuality

Physical Strength

EMPLOYMENT REQUIREMENTS

To be eligible to work at Murray Employment Services the applicant must meet the following criteria:

- Be prepared to work for more than eight hours per week
- Need support to obtain employment
- Need ongoing support to keep employment
- Be registered with Centrelink or be prepared to register with Centrelink
- Be willing to work and be prepared to commit to suitable job opportunities

EMPLOYMENT INTERESTS

Type of employment

- | | |
|---|--|
| <input type="checkbox"/> Supported Employment | <input type="checkbox"/> Pre-employment Training |
| <input type="checkbox"/> Work Experience | <input type="checkbox"/> Other |

Please provide details of your work interests:

Do you have any previous work experience?

What days are you available for work?

- Monday Tuesday Wednesday Thursday Friday

What are your preferred working hours? _____

Do you have a preferred working location? _____

Do you have a preferred working environment? _____

What type of vocation are you interested in?

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Food Processing |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Office/Reception | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Packaging | <input type="checkbox"/> Craftwork | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Other | _____ | |

What do you hope to achieve in your work life? Do you have any goals you wish to achieve?

