



## Employment Application Pack

Position Title:	Occupational Therapist
Vacancy Reference Number:	22/23 - 096
Department:	Corporate and Community Services
Location:	Biloela
Employment Status:	Full Time, Maximum Term (end December 2024)
Recruitment Status:	Internal and External Candidates
Recruitment Commences	24 February 2022
Recruitment Closes:	10 March 2022

### TO APPLY

Submit the following documentation via email or in person:

- Application for Employment
- Cover Letter
- Resume
- Copies of any relevant Qualification/Tickets/Licences

*Your Cover Letter should outline qualifications, education and licences as well as abilities, skills and knowledge found on page two of the Position Description. Ensure you provide relevant examples where you have demonstrated your ability to perform the duties and responsibilities required in the Position Description.*

Email: [enquiries@banana.qld.gov.au](mailto:enquiries@banana.qld.gov.au)

In person: Banana Shire Council Admin Office, 62 Valentine Plains Road, Biloela

## BANANA SHIRE COUNCIL APPLICATION FOR EMPLOYMENT

APPLICANT DETAILS			
<b>POSITION APPLYING FOR:</b> Occupational Therapist		<b>VRN:</b> 22/23 - 096	
<b>FAMILY NAME:</b>		<b>GIVEN NAME(S):</b>	
<b>TITLE:</b> <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____			
<b>MAILING ADDRESS:</b>		<b>MOBILE NO:</b>	
<b>POSTCODE:</b>		<b>TELEPHONE NO:</b>	
<b>EMAIL ADDRESS:</b>			
IN ORDER FOR BANANA SHIRE COUNCIL TO MONITOR ITS ADVERTISING, COULD YOU PLEASE INDICATE WHERE YOU SAW THIS POSITION ADVERTISED?			
<input type="checkbox"/> Facebook	<input type="checkbox"/> SEEK	<input type="checkbox"/> LinkedIn	
<input type="checkbox"/> Newspapers _____	<input type="checkbox"/> Posters/Mail outs	<input type="checkbox"/> The Australian Local Government Job Directory	
<input type="checkbox"/> Banana Shire Council Website	<input type="checkbox"/> On-Line (Please specify website) _____		
ELIGIBILITY TO WORK IN AUSTRALIA (Originals must be presented upon, or prior to, commencement of employment as requested by Council)			
Are you an Australian/New Zealand citizen or Permanent Resident?   Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, do you have a working visa? (Please specify type)   Yes <input type="checkbox"/> No <input type="checkbox"/>			
LICENCES (Originals must be presented upon, or prior to, commencement of employment as requested by Council)			
Class of Licence:	<input type="checkbox"/> Car (C)	<input type="checkbox"/> LR	<input type="checkbox"/> MR
	<input type="checkbox"/> HR	<input type="checkbox"/> HC	<input type="checkbox"/> MC
	<input type="checkbox"/> RE/R		
<input type="checkbox"/> Open <input type="checkbox"/> Provisional <input type="checkbox"/> Learners			
Licence issued in	<input type="checkbox"/> Queensland	<input type="checkbox"/> Another State/Territory	<input type="checkbox"/> Another Nation
PLANT OPERATOR TICKETS (Originals must be presented upon, or prior to, commencement of employment as requested by Council)			
Please list the <b>current</b> Plant Operator Tickets you possess ( <b>Please provide details on a separate sheet if necessary</b> ):			
BLUE CARD (Originals must be presented upon, or prior to, commencement of employment as requested by Council)			
Do you possess a Blue Card issued by the Commissioner for Children and Young People and Child Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No			
WHITE CARD (Originals must be presented upon, or prior to, commencement of employment as requested by Council)			
Do you possess a White Card (QLD General Safety Induction [Construction Industry] Certification)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
QUALIFICATIONS (Please provide details on separate sheet if more than one Qualification is held)			
Level of Qualification: <input type="checkbox"/> Masters <input type="checkbox"/> Post Graduate <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate/Trade <input type="checkbox"/> School			
Course Name:		Year Qualification Obtained:	
Educational establishment where qualification attained: <input type="checkbox"/> University <input type="checkbox"/> TAFE <input type="checkbox"/> Other Training Centre <input type="checkbox"/> School			
Name of Establishment: _____ Country (If outside Australia): _____			

### REASONABLE ADJUSTMENTS

Should you be shortlisted, are there any considerations that Council need to be aware of to make reasonable adjustments? Yes ☐ No ☐

If yes, please state details:

### WORK RELATED REFEREES

Name: \_\_\_\_\_ Mobile phone No : \_\_\_\_\_

Organisation: \_\_\_\_\_ Business phone No: \_\_\_\_\_

Name: \_\_\_\_\_ Mobile phone No : \_\_\_\_\_

Organisation: \_\_\_\_\_ Business phone No: \_\_\_\_\_

### EMPLOYMENT HISTORY (Mandatory)

Employer	Length of Service	Year Completed Service	Summary of duties	Business phone no.

I hereby grant Banana Shire Council Human Resource Business Partner permission to contact the Payroll department of the above mentioned Employer to confirm the following;

1. Length of Service
2. Position Title held at time of resignation

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2. Position Title held at time of resignation

### PERMISSION/DECLARATIONS

- To avoid any potential conflict of interest in appointing an independent interview panel, please advise if you have an association with or connection to current members of staff. Note: this information is confidential and will only be used to select an independent interview panel.

☐ Yes ☐ No

If yes, please indicate persons you have an association with: \_\_\_\_\_

- I certify that all answers and statements on this Application Form and any attachments thereto are true and complete to the best of my knowledge. I understand that, should I provide untruthful or misleading information, this application may be rejected or my employment with Council subsequently terminated.
- I agree to complete the Health Declaration Form and agree to a medical examination with Council's medical practitioner if required by Council.
- I authorise Council to conduct Police Search checks for any offences that may be recorded against me. I understand that an adverse result may affect my employment or potential employment opportunities with Banana Shire Council.
- I authorise Council to contact my listed referees and the Employer's Payroll Department for employment purposes only.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PRIVACY COLLECTION NOTICE:

The personal information gathered by Banana Shire Council on this form is for recruiting purposes only and will not be used for any other purpose or given to any other party unless you have consented or Council is required or authorised by law to do so.

*Thank you for applying for this position. Council welcomes copies of supporting documentation and your resume, however original documents and presentation folders will not be returned*



## POSITION DETAILS

Position Title:	Occupational Therapist		
Classification:	P02-P03	Position Status:	Full Time, (Max Term)
Employment Conditions:	Queensland Public Service Officers and Other Employees Award - State 2015 Banana Shire Council Enterprise Agreement 2018		
Department:	Corporate and Community Services	Location:	Community Resource Centre
Reports to:	Senior Program Advisor	Number of reports:	-

## ABOUT COUNCIL

### Our Vision

“Shire of Opportunity”

To improve the quality of life for our communities through the delivery of efficient, effective and sustainable services and facilities.

### Our Mission

Our Council is committed to promoting and striving for continuous improvement in all that we do, for the benefit and growth of the whole of our Shire.

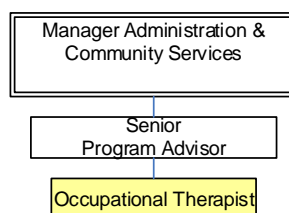
### Our Values

- Advocacy for our people
- Effective and responsive leadership
- Integrity and mutual respect
- Honesty, equity and consistency in all aspects of Council's operations
- Quality of service to our citizens
- Work constructively together, in the spirit of teamwork
- Sustainable growth and development

## GENERAL POSITION INFORMATION

Provide Occupational Therapy services to CRC clients under Service Agreements negotiated between Banana Shire Council and other organisations and individuals.

## ORGANISATIONAL REPORTING ARRANGEMENTS



## DUTIES AND RESPONSIBILITIES

- Assessment of children and adults with a range of disabilities, developmental delays and learning difficulties under the guidance of senior therapists.
- Provision of intervention for children and adults with a range of disabilities, developmental delays and learning difficulties under the guidance of senior therapists.
- Assist with development, selection, prescription and utilisation of resources and equipment.
- Contribute to the management of the CRC resource library by advising on resource selection and categorisation, care and storage.
- Consult with CRC colleagues, clients and other professionals regarding selection, trial and ongoing use of resources.
- Assist with preparation of guidelines for use of resources.
- Accurately record client intervention for reporting and billing purposes.
- Complete relevant paperwork relating to assessments and interventions including client case notes.
- Report writing under the guidance of senior therapists.
- Liaise with clients, other Council staff, the public, consultants, utility and government authorities in the performance of duties including providing and obtaining information.
- Undertake routine administrative tasks as required by the position eg. timesheets
- Assist senior staff to continuously improve work processes and develop new practices as required
- Participate in training, exercises and response to disaster management and recovery as required
- Undertake other relevant duties as directed, consistent with skills, competence and training

## QUALIFICATIONS, EDUCATION AND LICENCE REQUIREMENTS

### Compulsory

- Tertiary qualification in Occupational Therapy
- Current membership of Occupational Therapy Australia
- Current registration with Australian Health Practitioner Regulation Agency
- Criminal History Screening Yellow Card (Exemption Notice)
- Current "Working with Children Check" Blue Card
- Current class C drivers licence
- COVID-19 vaccinations

## ABILITIES, SKILLS AND KNOWLEDGE REQUIRED

### Compulsory

- Proven ability to show empathy toward members of the public with diverse needs
- Demonstrated interest and / or experience in paediatric related field
- Demonstrated time management skills together with the ability to provide a flexible therapy experience where necessary
- Excellent communication, conflict resolution, negotiation and interpersonal skills
- Excellent understanding of and commitment to EEO and WHS principles and practices

## CORPORATE OBLIGATIONS

The Employee agrees to comply with the following:

- Workplace Health and Safety policies and procedures
- Customer service standards
- Council's Code of Conduct
- Council's Environmental Policy
- Human Rights Legislation, actively promoting its principles in all activities
- Human Resources policies and procedures
- Financial Management policies and procedures
- Records Management policies and procedures
- Disaster Management policies and procedures

## SPECIFIC CONDITIONS/REQUIREMENTS

- The employee acknowledges that this role requires them to hold and maintain a class 'C' manual Driver's Licence and that the loss of licence may jeopardise employment with Council.
- The employee acknowledges that this role requires them to hold and maintain a current "Working with Children Check" Blue Card.
- The employee acknowledges that this role requires them to hold and maintain a current Criminal History Screening Yellow Card (Exemption Notice).
- The employee acknowledges that this role has been identified as working in an 'at risk work location' and/or is an 'at risk worker' and subsequently agrees to be protected by the relevant immunisations in accordance with Council's Staff Immunisation Program and will participate in required health monitoring in accordance with the guidelines set out by council and relevant legislation and industry standards.
- The employee acknowledges that this role requires them to obtain the minimum dosages required by the Government COVID-19 Vaccination Mandate (whilst in effect) and/or by the NDIS Commission and Specialist Disability Services in Schools Program.

## ACKNOWLEDGEMENT

This position description outlines the responsibility level of the role and the general nature of work to be performed in this role. Your Supervisor will facilitate training and provide guidance on the specific requirements of the role. By signing this document you understand this and commit to the corporate obligations and specific conditions/requirements of the role as listed above and understand that failure to comply may jeopardise your employment with Council.

Name:

Signature:

Date: