

Bendigo Community Health Services Inc.

KEY ACTIVITY STATEMENT

FAMILY SUPPORT WORKER

Bendigo Community Health Services (BCHS) is committed to protecting the health, safety and well-being of all employees. To achieve this BCHS strives to ensure that employees are not required or permitted to undertake work for which they are not suited and to take appropriate measures to allow work to be done in a manner which will not put any person at risk to their health and safety.

To assist BCHS in achieving this objective the following information on key activities is provided about the position for which you have applied. Information is requested from you as to any pre-existing injury, illness, disease or condition possibly affected by the nature of the key activities.

Element	Key Activity	Frequency <i>Define frequency as: Always, Often, Rarely or Never</i>
Work Environment	Manage demanding and changing workloads and competing priorities.	Always
	Work outside of office hours with the possibility of extended hours and / or 'on call' duties.	Often
	Work in open plan office.	Often
	Work in building which may be multi storey.	Occasionally
	Sit at computer or in meetings for extended periods.	Always
	Work independently and without direct supervision for extended periods.	Often
	Wear personal protective equipment (eg: rubber gloves) to provide protection from potential infectious and hazardous substances.	Rarely
	Work in locations geographically separated from management.	Often
	Be exposed to outdoor weather conditions.	Often
	Manual Handling	Undertake manual handling (eg: lifting, pulling, pushing, moving, transferring, twisting, supporting) of equipment.
People Contact	Interact with clients who may have an intellectual, physical and / or sensory disability.	Often

Element	Key Activity	Frequency <i>Define frequency as: Always, Often, Rarely or Never</i>
	Interact with clients/members of the public who could display verbal or physically challenging behaviour and/or the full range of emotional expressions.	Often
	Undertake supervisory activities.	Rarely
Administrative Tasks	Undertake administrative tasks including computer / keyboarding work, filing, writing, participating in meetings, concentrating for long periods of time.	Always
	Use technology including photocopier, telephones including mobiles, fax, overhead projectors, televisions, video, electronic whiteboards and guillotines.	Always
Transport	Drive vehicles within the local area.	Always
	Drive vehicles over long distances in varying traffic and weather conditions.	Always
	Use public transport including trains, buses, trams and taxis.	Often

In applying for this position you should disclose all pre-existing injuries or diseases suffered by you which you reasonably believe could be accelerated, exacerbated, aggravated or caused to recur or deteriorate by you undertaking this position, the details of which are set out above.

If you fail to disclose this information or if you provide false or misleading information you and your dependants may not be entitled to WorkCover benefits in the event of any recurrence, aggravation, acceleration, exacerbation or deterioration of a pre-existing injury or disease, arising out of, or in the course, or due to the nature of this employment with BCHS.

Where you have a pre-existing injury and or disease consideration will be given to reasonable adjustments to the environment or tasks.



PRE-EXISTING INJURY/DISEASE DECLARATION

The following declaration is made for the purposes of sections 82(7)-(9) of the Accident Compensation Act 1985.

I, _____ declare that:

I have read and understood this form, including the information above listed in the Key Activity Statement for the position of Family Support Worker.

I acknowledge that I should disclose all pre-existing injuries or diseases that I believe may be affected by my undertaking this position:

AND (*Strike out whichever is not applicable*)

a) I do not believe that any injury or disease that I have is likely to recur, deteriorate, accelerate or be exacerbated or aggravated by the key activities required to be undertaken which impact on health and safety, as listed above:

OR

b) I have suffered the following injuries and/or diseases that may recur or deteriorate, accelerate or be exacerbated or aggravated by the duties described above.
(list injuries, conditions and/or diseases)

I acknowledge that any non-disclosure or false or misleading information on my part may result in section 82(8) of the Accident Compensation Act being applied. This would disentitle me or my dependants from receiving benefits relating to any recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing injury or disease which I may have.

To the best of my knowledge the information provided in this Declaration is true and correct.

Dated: _____ day of _____ 2012.

Print Name of Applicant

Print Name of Witness

Signature

Signature