

CODE OF CONDUCT

This code of conduct makes clear what the company expects from you in regard to dress, personal appearance, attitude, values, confidentiality, legal responsibilities and work practice. It is designed to guide best practice and reduce confusion and conflict.

Employees of this company agree to:

- ✓ Undertake to follow the vision and values of the company at all times
- ✓ Follow policies and procedures in their practice
- ✓ Read, understand and follow the guidance of the Staff Handbook
- ✓ Follow monetary and financial procedures
- ✓ Report any actual or suspected physical, verbal or sexual abuse of staff or clients
- ✓ Adhere to the no smoking policy
- ✓ Adhere to the no alcohol policy
- ✓ Adhere to the no illegal drug use policy
- ✓ Not accept gifts
- ✓ Not offer private services to clients or visit clients out of working hours
- ✓ Respect the privacy of the individual – be they clients, other staff members or the wider community members
- ✓ Always be polite and courteous even under duress or difficulty
- ✓ Work with clients and their families harmoniously
- ✓ Be well groomed and present for work in a neat, tidy, dignified manner (wear uniform if supplied)
- ✓ Work safely at all times
- ✓ Report any vehicle or traffic infringements incurred immediately
- ✓ Report any bullying and harassment

Employee Name: _____

Employee to sign: _____ Date: _____

Registration Form

EMPLOYEE INFORMATION			
Employee Full Name:			
Residential Address:		Postcode:	
Postal Address:		Postcode:	
Work History (References)			
Phone No (Mobile):			
Email:			
Driver's Licence Number: (copy attached)		Expiry Date:	
Passport No.		Issued Country:	Expiry Date:
Are you currently Employed		<input type="checkbox"/> Yes	<input type="checkbox"/> No

PAYROLL INFORMATION	
Tax File Number:	
Date of Birth:	
Bank Name:	
BSB No:	
Account Name:	
Account No:	

SUPERANNUATION	
Superannuation will be deposited to HESTA, please specify should you require superannuation deposits to be made to another fund on your behalf and include address and phone details.	
Superannuation Fund Name:	
Account No:	

Registration Form

NEXT OF KIN INFORMATION			
Name:			
Relationship:			
Residential Address:		Postcode:	
Postal Address: (if different)			Postcode:
Phone No (Home):			
Phone No (Work):			
Phone No (Mobile):			
Email:			

EMPLOYEE SIGNATURE			
Signed:		Date:	
Note: This information will not be provided to another person/entity without your authority.			

OFFICE USE ONLY			
Terms of Employment:			
Job Title/Classification:			
Commencement Date:			
Agreed Wage Rate:			
Applicable Award:			
Additional Benefits:			
Approved and Signed by employer:		Date:	

Registration Form

TERMS AND CONDITIONS OF EMPLOYMENT

- Act in facility's and agencies best interest at all times.
- Agency's ID badge must be worn at all time at work
- Must follow policies and procedures of the facility you work in
- Perform to the best of your ability and knowledge, the duties assigned to you by the facility
- Must attend mandatory education provided time to time by the agency
- RNS and ENS must provide their renewal of registration annually
- Provide availability for shifts on a weekly/fortnightly basis
- Must inform agency of any change in your details including the address
- Salaries are paid fortnightly into the nominated bank account
- Superannuation paid into HESTA or in the fund of your choice
- Agency shirt (preferred) or plain white shirt with collar on blue or black pants to be used as agency uniform.
- The employee is responsible for comprehensive car insurance; in case of accident/damages caused to and by the employee/contractor the company shall not hold any responsibility.
- A cooling-off of 3 months is applicable to work through other channels at places introduced to you by the Best Hope. Best Hope reserves the right to enforce heavy penalties if this cooling off period is not observed.
- No Mobile Phone on workplace

I acknowledge that I have read and understood the above terms and conditions for the employment with the Best Hope Support Services Pty Ltd.

Staff Name:

Signature:

Date:

POSITION DESCRIPTION – COMMUNITY CARE WORKER

Reports to – Manager of Service

PURPOSE OF POSITION

- To support clients to remain living independently within the community
- To deliver care and services to individual clients as set out in their plan of care and services

KEY PERFORMANCE INDICATORS

- Understand and be part of *Best Hope*'s vision and values
- Ensure actions and behaviours in the workplace are in line with vision and values
- Comply with organisational policies and procedures
- Comply with Aged Care Act 1997, Home Care Standards and Guiding Principles
- Ensure technical skill and knowledge for position are current
- Be commitment to ongoing learning and participation in continuous improvement activities to ensure a high-quality service is maintained
- Attend compulsory training as directed
- Demonstrate a positive attitude toward older people including an understanding of their needs and a commitment to uphold their rights as individuals
- Excellent communication, interpersonal and reporting skills
- Demonstrate ability to comply with and awareness of work health and safety (WHS) including infection control standards and minimal lift policy

CLIENT SERVICE

- With the Manager build effective relationships with client/carer/family, develop a flexible, creative care plan tailored to client needs, focusing on a holistic approach and living of daily life for the individual client
- Monitor and evaluate plans of care and services as required to ensure quality outcomes for the client as their needs change
- Advocate on behalf of clients as required
- Observe client physical, emotional and behavioral conditions, document and keep the Manager informed of any changes
- Support the independence of clients through appropriate assistance
- Demonstrate a positive approach at all times

- Actively promote *Best Hope* to all clients and stakeholders

PRIVACY AND CONFIDENTIALITY

- Maintain privacy and confidentiality in relation to personal information of staff and clients
- Comply with organizational policies and procedures in relation to privacy and confidentiality

TEAM PROMOTION

- Work co-operatively and communicate effectively with others as required
- Share information and knowledge with others as necessary and appropriate
- Communicate in a non-threatening, non-aggressive and culturally sensitive manner
- Participate in staff training, meetings, workshops and seminars as requested

CONTINUOUS IMPROVEMENT/QUALITY

- Participate in and contribute to the continuous improvement process
- Maintain client documentation as directed by the Manager

WORK HEALTH AND SAFETY

- In a client incident, accurately complete an incident form and report same to the Manager of the service in a timely manner, in accordance with procedure
- Co-operate with the employer with any actions taken by employer to meet WHS obligations
- Take reasonable care of own health and safety and that of others
- Do not intentionally or recklessly interfere with or misuse anything provided at the workplace in the interests of health, safety or welfare
- Identify hazards in the workplace, complete relevant forms and report any hazards to the Manager as soon as they are noted

KEY SELECTION CRITERIA – ESSENTIAL

- Certificate III or IV in Aged Care or Community Care
- It is a mandatory requirement that *Best Hope* will conduct a National Police Check for all new employees and volunteers. No employee is to commence work prior to this check being obtained.
- Current First Aid Certificate
- Experience in liaising and negotiating with community service providers
- Excellent communication skills including report writing
- Well-developed planning and time management skills

- Knowledge of ageing and disability issues
- Demonstrated experience and commitment to continuous improvement
- Have the use of a fully insured motor vehicle that is suitable for client transport
- Current driver's license

KEY SELECTION CRITERIA – DESIRABLE

- Understanding of the need of aged care clients
- Experience in aged care setting or community care
- Some knowledge or understanding of Dementia
- Mobile phone
- Access to personal computer and email

Signature of Staff:	
Signature of Witness (Manager):	
Date:	

REFER

- Home Care Common Standards
- WHS Documents