



Kitchen Assistant

Casual

July 2018

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INFORMATION FOR APPLICANTS

Kitchen Assistant

Casual

1. Please provide a current **Resume** and prepare a **Cover Letter**. Applicants are also required to address each of the descriptors under the “**Required Education, Training, Knowledge and Experience**” section of the Position Description provided. Examples and descriptions of how you are able to meet these requirements must be provided.
2. Please complete the **Employment Application Form & Pre-Existing Injury Declaration** and forward with your application.
3. Offers of employment will be conditional on relevant organisational pre-employment screening approvals including a **Nationally Co-ordinated Criminal History Report** and current **Victorian Employee Working with Children Check (where applicable)**.
4. All prospective employees are required to complete a **Staff Immunisation Pre-employment Questionnaire** and provide documented evidence where requested.
5. Your salary and allowances will be paid in accordance with the *Victorian Public Health Sector (Health and Allied Services, Managers and Administrative Workers) Single Interest Enterprise Agreement 2016 - 2020*.
6. Hours of work are casual on an as needs basis.
7. Otway Health will pay superannuation in accordance with the *Superannuation Guarantee (Administration) Act 1992* to a nominated Superannuation fund.
8. Otway Health provides equal opportunity and fair and equitable treatment in employment to all people without regard to race (including ethnic origin and nationality), colour, religion, gender, age, disability, political affiliation, marital status, actual or assumed physical, intellectual or psychological impairment, family or carer’s responsibilities, sex (including pregnancy and marital responsibilities) sexual orientation. The Department of State also strives to achieve equal employment opportunity in all personnel operations through continuing diversity enhancement programs.
9. Attach copies of any relevant qualifications to your application (if applicable).
10. The names of two professional referees are required including, if possible, your supervisor if you are currently working or a previous supervisor if you are not currently working.
11. For further information contact **insert title, insert name** [insert email](#) or phone (03) 5237 8500 or forward an email to glharrison@swarh.vic.gov.au
12. **Applications close 5.30 pm Wednesday 4th April 2018.**
13. Address applications to
Georgina Harrison
Human Resources Co-ordinator
Otway Health
PO Box 84
Apollo Bay VIC 3233



OTWAY HEALTH

POSITION DESCRIPTION

POSITION TITLE:	Kitchen Assistant
CLASSIFICATION:	Food & Domestic Assistant (HA1)
AWARD:	Victorian Public Health Sector (Health and Allied Services, Managers & Administrative Workers) Single Interest Enterprise Agreement 2016-2020
EMPLOYMENT TYPE:	Casual or Permanent Part Time
DIVISION:	Food Services
APPROVAL:	Director of Corporate Services
DATE:	January 2017

1. POSITION CONTEXT

Otway Health is a Multi-Purpose Service (MPS) located at Apollo Bay on the Great Ocean Road in South West Victoria. The MPS is a joint Commonwealth and State Government initiative for isolated areas. This model concept draws together appropriate health and community services within the one organisation.

The strategic goal of Otway Health is to provide an integrated health service consisting of community and allied services, primary care, HACC, adult education, neighborhood house, a child care center, flexible aged care residential places a small acute care unit, and an emergency unit for urgent care.

2. POSITION PURPOSE

To support the Cooks and the Catering Officer by maintaining a clean, hygienic environment throughout the kitchen areas within Otway Health.

3. STAFF RESPONSIBILITIES

All staff are responsible for compliance with organisational policies and procedures and for complying with all relevant legislation, specifically legislation applying to Equal Employment Opportunity, Privacy and Occupational Health and Safety.

All staff are expected to contribute to and participate in Otway Health's processes relating to Cultural Diversity, Quality Improvement, Risk Management and Consumer Participation.

4. SPECIFIC ACCOUNTABILITIES:

- Understands and works in accordance with Otway Health Food Services Program.
- Ensures kitchen and work surfaces are clean and tidy at all times.

- Mopping, removing rubbish, using dishwashing machine, and other cleaning duties as directed by the Catering Officer.
- Clean cooking items and equipment as directed by the Catering Officer.
- Defrost and clean refrigerators and other stores areas as required.
- Provide assistance with clearing of crockery and cutlery for wash up.
- Assembly and preparation of ingredients for cooking as directed by the Catering Officer.
- Maintains a high level of hygiene including personal hygiene standards in the Food Services area.
- Undertakes tasks in accordance with Food Services Time Planner
- Checks orders against deliveries to ensure all ordered amounts are received.
- Ensures laundry is ready for collection at end of every shift.
- Complies and participate with Otway Health's EEO, OH&S, Cultural Diversity and Quality Improvement Policies, contributing to improvements by communicating and implementing value added ideas.

5. KEY PERFORMANCE INDICATORS

- Kitchens and work surfaces conform with standards of Food Safety Program.
- Sign off sheets are completed daily.

6. ORGANISATIONAL RELATIONSHIP (see attached Organisation Chart)

Reports to: Catering Officer

External Liaisons: Meals on Wheels volunteers
Represents Otway Health to the community as required.

7. SELECTION CRITERIA

Selection is based on ability to demonstrate that skills, knowledge, qualifications, experience and ability criteria (listed below) can be met and the ability to undertake the key responsibilities of the position is evident.

Qualifications

- Food Handlers Certificate or working towards same.

Knowledge

- The safe use of cleaning products

Experience

- Previous experience in cleaning in an industrial or commercial environment.

Abilities and Skills

- Ability to complete cleaning tasks to a high standard of cleanliness and hygiene.
- Ability to use initiative
- Ability to work to a schedule in a timely and professional manner.
- Ability to work as a team member.

Personal Qualities

- Demonstrated customer service orientation.
- Flexible
- Reliable
- Drive and commitment - enthusiastic and committed; demonstrates capacity for sustained effort and hard work; sets high standards of performance for self and others; enjoys a vigorous and dynamic work environment.

8. TERMS AND CONDITIONS OF APPOINTMENT

The successful applicant will be required to enter into an employment contract, the terms and conditions will be consistent with the Government and Statutory Authorities guidelines.



Employment Application Form

APPLICANT SECTION

Position applied for: _____

Personal details

Given name: _____

Family name: _____

Preferred name: _____

Address: _____

Telephone Daytime: _____

Mobile: _____

Email: _____

Current qualifications

Qualification title	Institution/training provider	Year completed

Are you currently undertaking study/training?
(tick one)

Yes

No

If yes, course/program name: _____

(tick one)

Full time

Part time

Distance

Other

Previous Employment (most recent first)

Employer name/ establishment	Dates from/to	Position held

Reference Checks

Please provide details of three people who can speak on your behalf regarding your work history. *(Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential.)*

Name	Contact No.	Position held/working relationship (eg supervisor)	Office use check initial/date

When will you be available for work?

Declaration

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organisation. I understand that this application does not constitute an offer of employment. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application.

Signed: _____

Date: _____



Pre-existing Injury / Disease Declaration

Otway Health is committed to protecting the health, safety and well-being of all employees. To achieve this, the Service 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 occupational health and safety.

To assist Otway Health in achieving this objective, the following information on key activities is provided about the job for which you have applied. On the second page of this document information is requested from you as to any pre-existing injury, illness, disease or condition, which may be affected by the nature of the key activities.

This job involves the following key activities:

Element	Key Activity	Frequency
Work Environment	Manage demanding and changing workloads and competing priorities.	Daily
	Work office hours with the possibility of extended hours and 'on call' duties.	Rarely
	Work in open plan office / area.	Occasionally
	Sit at computer or in meetings for extended periods	Occasionally
	Work in a team environment and at time independently.	Daily
	Work in locations separated from management.	Occasionally
	Be exposed to all outdoor weather conditions.	Occasionally
Manual Handling	Undertake manual handling (eg. lifting, pulling, pushing, moving, transferring, twisting, supporting) of equipment.	Daily
People Contact	Interact with clients who may have an intellectual, physical, sensory disability.	Daily
	Interact with clients/members of the public who could display verbal or physically challenging behaviour and/or the full range of emotional expressions.	Daily
	Undertake supervisory activities.	Rarely
Administrative Tasks	Undertake administrative tasks including intensive computer/keyboarding work, filing, writing, participating in meetings, concentrating for long periods of time.	Occasionally
	Use technology including photocopier, telephones including mobiles, fax, overhead projectors, televisions, video, electronic whiteboards, drill presses and quillotines.	Occasionally
Transport	Drive vehicles	Rarely

In applying for this job you are required to disclose any (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 job, the details of which are set out above.

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

If you fail to disclose this information or if you provide false or misleading information you and your dependants may not be entitled to Work Cover 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 of, or due to the nature of this employment with Otway Health and Community Services.

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



Pre-existing Injury / Disease Declaration

Employee Declaration

The following declaration is made for the purposes of sections 41 (1)-(2) of *The Workplace Injury Rehabilitation and Compensation Act 2013 (WIRC Act)*.

I,..... (Name of applicant) declare that:

1. I have read and understood this form, including the information above.
2. I acknowledge that I am required to disclose all pre-existing injuries or diseases which I believe may be affected by my undertaking the job of.....(job title)

AND (*Strike out whichever is not applicable*)

a) I do not believe that any injury or disease that I have is likely to recur or 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 and/or diseases)

.....

.....

.....

.....

.....

I acknowledge that any non-disclosure or false or misleading information on my part may result in section 41 (2) of the *Workplace Injury Rehabilitation and Compensation Act 2013 (WIRC Act)* being applied. This would disentitle me or my dependents 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: _____ / _____ / 20_____

.....

Print Name of Applicant

.....

Print Name of Witness

.....

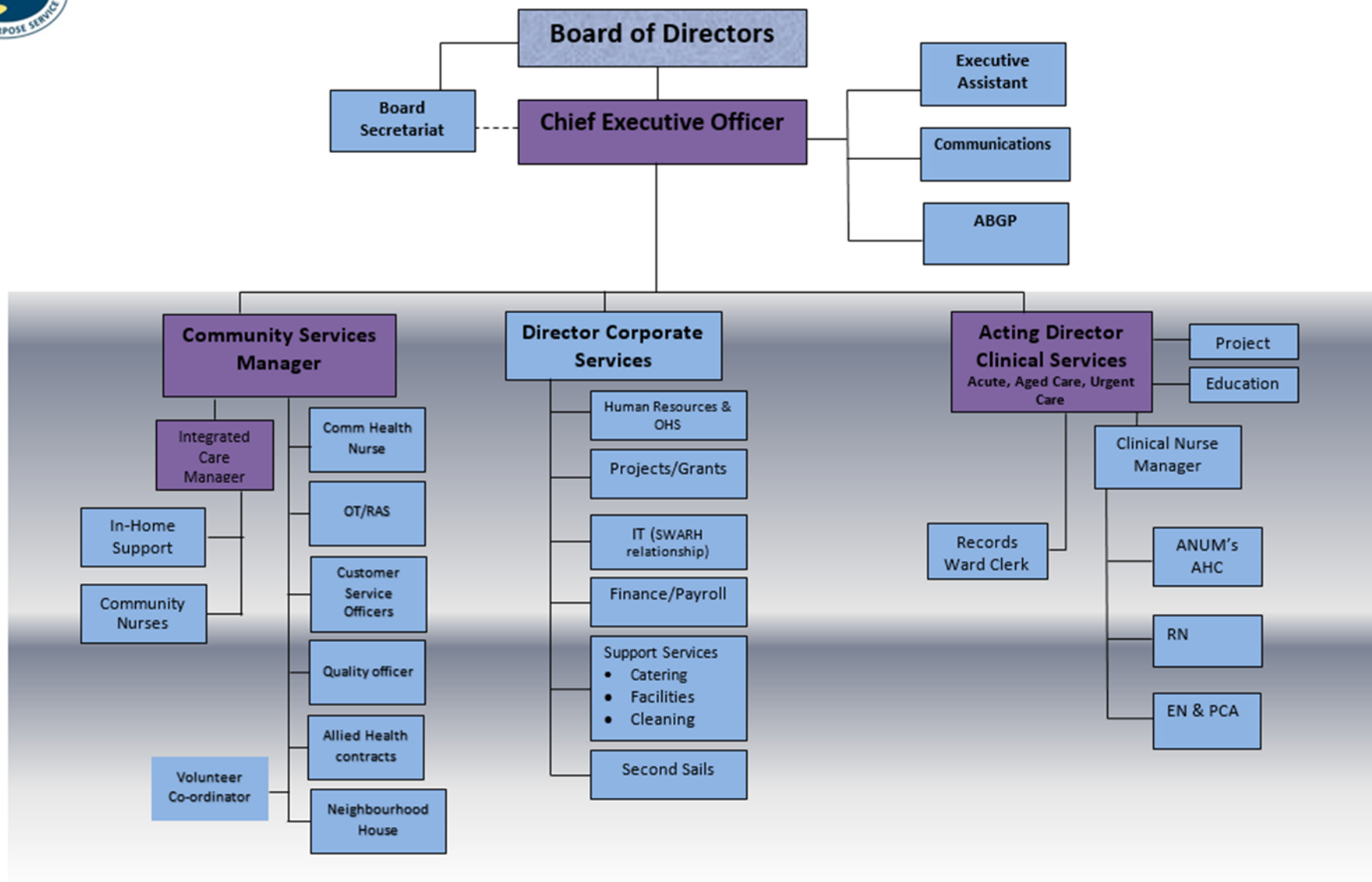
Signature of Applicant

.....

Signature of Witness



OTWAY HEALTH ORGANISATIONAL STRUCTURE



Tabled
May 2018

