

Climb Leader Application Form



Submit Application Forms and supporting documents to: **Climb Operations 170 Main St Kangaroo Point Q 4169**
PO Box 7184 East Brisbane Q 4169

Section1 Personal Details

NAME

Title Mr Mrs Ms Other _____

GIVEN NAMES

PREFERRED NAME

SURNAME

RESIDENTIAL ADDRESS

POSTCODE

POSTAL ADDRESS (if different)

POSTCODE

PHONE HOME

WORK

MOBILE

E-MAIL

Have you attached a passport-sized photograph of yourself to this application? YES NO

Have you applied for a position with us before? YES NO

Do you speak a language(s) other than English? YES Detail below NO

Which Language?

How fluent are you?

Which Language?

How fluent are you?

Do you know anyone who works for Story Bridge Adventure Climb? YES Detail below NO

Who?

What is your relationship to that person?

What is your preferred type of Employment? (Please tick as many as apply) Casual Part-Time Full-Time

When is the earliest you could start work?

Have you done a Story Bridge Adventure Climb? YES NO When?

To assist with our future recruitment strategies, where did hear about this position?

Section2 Requirements for Application

SENIOR FIRST AID (Please tick the appropriate boxes below)

Do you have a current Senior First Aid Certificate? YES Detail below NO

Senior First Aid Expiry Date

CPR Expiry Date

Have you attached a copy of your current Senior First Aid Certificate? YES NO

Applications may be submitted without a current Senior First Aid Certificate; however the certificate MUST be obtained before completion of initial Climb Leader training. Casual employees do not require a first aid certificate.

AUSTRALIAN RESIDENT STATUS (Please tick the appropriate boxes below)

Are you an Australian Citizen? YES NO Detail below

Are you a Permanent Resident? YES Detail below NO

What is your current Visa status?

Have you attached a copy of your current Visa to this application? YES NO

Section 4 Employment

Have you attached a brief **Resume** (no more than two pages)? YES NO

Please detail your employment history, starting with the most recent job first.

Employer / Business Name

Business Address

Date Commenced Date Finished Casual Part-Time Full-Time

Position

Main Duties

Reason for Leaving

Employer / Business Name

Business Address

Date Commenced Date Finished Casual Part-Time Full-Time

Position

Main Duties

Reason for Leaving

Employer / Business Name

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Position

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Business Address

Date Commenced Date Finished Casual Part-Time Full-Time

Position

Main Duties

Reason for Leaving

Do you have any other **work experience** (paid or unpaid) relevant to Climb Leading? Please give details below.

Section 5 References

Please list the names of at least two work Referees including at least one who has acted as your Supervisor.

Name

Position

Relationship to Applicant

Company

Address

Phone Home

Work

Mobile

E-Mail

Name

Position

Relationship to Applicant

Company

Address

Phone Home

Work

Mobile

E-Mail

Section 6 Medical Statement Form

Have you attached your **completed** and **signed** Medical Statement Form? YES NO

I understand that I will have to provide a Doctor's Certificate stating I am fit to undertake the duties of a Climb Leader prior to commencing employment. YES NO

Section 7 Additional Information

Have you attached your **completed** and **signed** Availability Form? YES NO

Have you attached your **completed** Supplementary Information Form? YES NO

Have you attached your **completed** and **signed** Privacy Consent Form? YES NO

Section 8 Applicant Declaration

I declare that the information I have provided in this document is correct and complete.

I acknowledge that it is my responsibility to provide all necessary information and documentary evidence required in support of this application.

I authorise Story Bridge Adventure Climb to obtain references to support this application.

I acknowledge that failing to disclose information or providing false or misleading information may result in a determination that I am unsuitable for employment with Story Bridge Adventure Climb.

APPLICANT SIGNATURE

Date

Medical Statement Form



Section1 Personal Details

GIVEN NAMES		SURNAME		
Date of Birth	Age	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
I understand that Climb Leading is a physically demanding occupation requiring a reasonable level of health and fitness.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
I understand that I am required to provide a Doctor's Certificate stating I am fit to undertake the duties of a Climb Leader prior to commencing employment.			YES <input type="checkbox"/>	NO <input type="checkbox"/>

Section2 Health

Story Bridge Adventure Climb is an all-weather adventure experience with associated risk. Operating on the bridge requires negotiation of steep stairways and uneven surfaces. Climb Leading requires reasonable levels of fitness, flexibility, leg-hand-eye coordination, dexterity and complete upper and lower body control.

You should not apply for the role of Climb Leader if you reasonably suspect that your health and safety, or that of others, would be put at risk by performing any duties at height or on the bridge.

The following conditions *may* significantly impact on your suitability to operate safely on the bridge:

Do you, or have you ever suffered from any of the following conditions. If YES, please give details below.

Reduced Vision, Corrective Eyewear	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Fear of Heights or other Phobia	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Hearing Loss	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Vertigo or Dizziness	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Epilepsy, Seizures or similar	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Back, Neck or Spinal Injury	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Diabetes	YES <input type="checkbox"/>	NO <input type="checkbox"/>	High Blood Pressure	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Asthma or other Respiratory illness	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Angina, Heart Disease or similar	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Allergies	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Knee, Hip or other Joint Injury	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other condition(s) that may effect my employment as a Climb Leader			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

DETAILS

Are you currently pregnant? (*Safety issues can restrict the duties pregnant women may perform*) YES NO

Please give details.

Are you currently receiving treatment for any injury, illness or Worker's Compensation Claim? YES NO

Please give details.

Section3 Applicant Declaration

I declare that the information I have provided in this document is correct and complete.

I certify that I have not suffered any injury, and/or am not suffering from any disease, which would prevent me from safely undertaking the duties of a Climb Leader.

I understand the medical information collected is solely for the purpose of assessing my suitability for the position of Climb Leader and all information will be kept strictly confidential.

APPLICANT SIGNATURE

Date

Availability Form



Section1 Personal Details

GIVEN NAMES		SURNAME	
PHONE HOME	WORK	MOBILE	
E-MAIL			

Section2 Availability

Story Bridge Adventure Climb operates 7 days a week, 361 days a year (closed only Christmas Day and 2^{1/2} days during the Riverfire Festival in September). We work weekends, nights and public holidays. Weekends and public holidays are an essential requirement.

During our high demand trading periods (primarily holiday times), all team members are required to be available for work. You must also be available for work over Christmas including Christmas Eve and Boxing Day.

All Trainee Climb Leaders must complete a training program conducted during the initial weeks of employment. Details of the training period will be provided during the interview process.

Following the training period, hours are dependent on your availability and the number of shifts we have available. Rosters are supplied in advance, with a typical day being 3 to 6 hours (possibly 8-10 hours at peak times). Our busiest times are Friday and Saturday evenings.

The number of rostered hours that a casual Climb Leader works can never be guaranteed. The amount of work available is dependant on how many climbs have been booked by our customers.

Please show the times you are available to work below. Make sure all days are filled out. If you are not available on a particular day, write "N/A".

Example:

I am available to work at the following times: (Please use 24-hour time)

MONDAY	From	2.00	To	12.00	From	16.00	To	23.00
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I am available to work at the following times: (Please use 24-hour time)

MONDAY	From	To	From	To
TUESDAY	From	To	From	To
WEDNESDAY	From	To	From	To
THURSDAY	From	To	From	To
FRIDAY	From	To	From	To
SATURDAY	From	To	From	To
SUNDAY	From	To	From	To

APPLICANT SIGNATURE

Date

Privacy Consent Form



Story Bridge Adventure Climb is an Australian Tourism attraction that provides our customers with a unique and exhilarating experience when in Brisbane.

As part of our recruitment process you will need to disclose to Story Bridge Adventure Climb personal information. If you do not provide some of the personal information we request when you apply for a position with Story Bridge Adventure Climb, we may not be able to process your application. We recognize that privacy is important to you, and that we have a responsibility to protect any personal information which you may share with us.

In accordance with the Privacy Act 1988, we would like to advise you of the following:

Collection of Information:

We will only use your personal information for the purpose of assessing your application for employment within Story Bridge Adventure Climb. The information we collect from you will be handled sensitively and securely with proper regard for your privacy.

Disclosures:

We will not usually disclose your personal information outside Story Bridge Adventure Climb, except where certain functions are outsourced to other organizations (such as recruitment consultants), and then only for the purpose of enabling us to process your application. In these circumstances, organizations that have your personal information disclosed to them will be subject to confidentiality arrangements to restrict the use and disclosure of the information.

We may contact referees, whose details are provided by you, as part of our standard recruitment process.

Disposal:

Should you be unsuccessful in your application we will dispose of all electronic and hard copies of your personal information within 3 months after advising you have been unsuccessful.

Access and more information:

You will be able to access your information by contacting the Privacy Officer at Story Bridge Adventure Climb, Kangaroo Point.

Applicant Declaration

I consent to the use and disclosure of my personal information as indicated above.

APPLICANT SIGNATURE

Date
