

# Durri Aboriginal Corporation Medical Service

Servicing the Macleay and Nambucca Valleys ABN 52 730 046 875 ICN 27

With Compliments

## **Position Application Package**

Position Name:	AHW - Family Violence Wellbeing Worker - Male	
Contact Name:	Paula Skinner	
Telephone:	0439370151	

## **General Conditions of Employment**

Position:	AHW - Family Violence Wellbeing Worker - Male
Award:	ATSIHWP + ACCHS Award 2020
Classification:	AHW - Grade 3 - Level 1
Salary packaging:	To calculate your potential benefit follow the link https://eziway.net.au
Application:	Your application should consist of four parts:
	1. Completed application form (page 4)
	<b>2. Selection Criteria</b> - Your application must answer all of the Selection Criteria essential questions, for example the questions listed 1 to 9 to below, or your application will be marked unsuccessful.
	Selection Criteria:
	Essential:
	<ol> <li>Applicants for this position must be of Aboriginal descent claimed under Section 14D of the Anti-discrimination Act 1977 (NSW).</li> <li>Applicants must be male, as gender is a genuine occupational qualification and is authorised under Section 31 of the NSW Anti-Discrimination Act 1977.</li> </ol>
	<ol> <li>Holds or willingness to complete mandatory Education Centre Against Violence (ECAV) core training for Aboriginal Wellbeing &amp; Violence Prevention Workers.</li> </ol>
	4. Holds or aspires to hold a minimum Certificate III qualification in Aboriginal Primary Health Care or a minimum Certificate III health qualification in the area of care in which the Aboriginal Health Worker works.
	<ol> <li>Knowledge and understanding of Aboriginal culture, historical contexts which may influence health, and relevant Aboriginal health particularly Social and Emotional Wellbeing and mental health distress.</li> </ol>
	<ol> <li>Demonstrated interpersonal skills and ability to communicate with vulnerable Aboriginal clients, families and communities, and build and maintain strong networks with other services and health professionals ensuring cultural considerations are included in service delivery.</li> </ol>
	7. Knowledge and understanding of the dynamics and impact of intergenerational trauma, family violence, sexual assault and child abuse in relation to Aboriginal families and an understanding of relevant policy and legislation which guides service response to vulnerable clients and communities
	<ol> <li>Demonstrated knowledge and ability to maintain confidentiality; prepare documentation and information management; relevant Child Protection and Domestic Violence policies; and complete mandatory reporting requirements through use of appropriate software programs (e.g. word processing, data management systems)</li> </ol>
	<ol><li>Current Driver's Licence and ability to travel as required such as attend State Aboriginal Wellbeing and Violence Prevention forums.</li></ol>

#### 4. Supporting documents

- Working with children check, qualifications, registration, driver licence, national police check
- Vaccination Declaration Form, Appendix 6

(Adopted and endorsed by Durri CEO Clinical Governance Committee 10 May 2023)

Click on the links below to Complete NSW Health Undertaking/Declaration Form & find Occupational Assessment, Screening and Vaccination against Infectious Diseases Policy.

This form must be completed by all new workers, students and existing staff applying for new positions or undergoing vaccination and screening requirements outlined in the NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy Directive (the "policy directive"). This includes volunteers/facilitators/ contractors (including visiting medical officers and agency staff) who provide services for or on behalf of Durri ACMS.

https://www.health.nsw.gov.au/immunisation/Documents/Occupational/appendix-6-declaration.pdf

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2024\_015.pdf

Email your completed application to: Recruitment@durri.org.au

or

Post marked confidential to:

Application Human Resources Durri Aboriginal Corporation Medical Service PO Box 136 Kempsey NSW 2440

**Closing Date:** Friday 11 April 2025 by 5.00pm - No late applications will be accepted.

## Application Form

Full Name:		
Address:		
Email Address:		
Contact Number:		
Date of Birth:		
Drivers Licence:  Class: Expiry date: Yes No		
Do you identify as Aboriginal and or Torres Strait Islander?	□ Yes	□ No
Do you identify as having a disability?	□ Yes	□ No
Are you an Australian citizen or permanent resident?	□ Yes	□ No
Have you attached your Working with Children check?		
WWCC No:     Yes     No		
lave you attached your National Police Check?		
Date of issue:	Yes	No
Have you attached your NSW Health Undertaking/Declaration Form?	□ Yes	□ No
Have you attached your Qualifications?	□ Yes	□ No
Have you attached your registration if applicable?		□ No
Where did you see this position advertised?		

### List two referees (one being a current manager)

Referees	Referee 1	Referee 2
Name:		
Title:		
Organisation:		
Contact Details:		
Email Address:		