



## Community Care TASMANIA- Support Worker Availability form

Full Name: \_\_\_\_\_

Date this Availability will take effect: \_\_\_\_/\_\_\_\_/\_\_\_\_

DAY OF WEEK	AVAILABLE BETWEEN THESE HOURS <b>WEEK 1</b> (PAY WEEK)	CAN BE CALLED IN IF REQUIRED (TICK)	AVAILABLE FOR SLEEPOVERS (YES/NO)
MONDAY	FROM _____ TO _____		
TUESDAY	FROM _____ TO _____		
WEDNESDAY	FROM _____ TO _____		
THURSDAY	FROM _____ TO _____		
FRIDAY	FROM _____ TO _____		
SATURDAY	FROM _____ TO _____		
SUNDAY	FROM _____ TO _____		
<b>WEEK 2</b>			
MONDAY	FROM _____ TO _____		
TUESDAY	FROM _____ TO _____		
WEDNESDAY	FROM _____ TO _____		
THURSDAY	FROM _____ TO _____		
FRIDAY	FROM _____ TO _____		
SATURDAY	FROM _____ TO _____		
SUNDAY	FROM _____ TO _____		

This information is correct at this time, and I will inform CCT of any changes and will complete an updated availability form if my circumstances change in any way.

I agree to provide as much notice as possible about any change in my future availability (i.e. after the next roster cycle).

I understand that client visits will be allocated according to my above availability and that I am obligated to notify rostering in advance for any periods of time during the above times that I am not available to work.

If you need assistance completing this form, please phone the office on 6334 0990.

**Signed** ..... **Date**.....

OFFICE USE ONLY  UPDATED IN SHIFT PLANNING

UPDATED IN ALERTS

P:\FORMS AND POLICIES FOR COMMON CARE STANDARDS\Forms\Forms for Support Workers\02 Availability form (revised 01082019 mb).docx

*This form is to confirm your current availability for shifts. It will be kept confidential and will NOT be provided to anyone else by Community Care TASMANIA office staff.*