

VOLUNTEER / WORK PLACEMENT APPLICATION FORM

ALARA QLD Limited 8 Warwick Road Ipswich Qld 4305
Phone: 07 3817 0600

Last Name:	First Name:	Other Name(s):
Present Address: (No., Street, City, State, Post Code)		How Long There:
Telephone #:	Mobile Phone #:	Alternative Phone: #
Fax #:	E-mail Address:	

EDUCATIONAL BACKGROUND		
Level	Qualification	Year Completed
Secondary		
Tertiary		
Business or Vocational		

Professional and/or Personal Memberships:

EMPLOYMENT HISTORY (List last job first and account for all unemployed time. Continue on another page if needed)

Period of Employment	Employer (Name & Full Address of Organisation)	Position Held / Title

GENERAL QUESTIONS			
<p>All successful applicants are required by the Disability Services Act 2006, to have a Criminal History Screening through Disability Service Qld. ALARA will arrange for you to complete the Application Form if you are successful in becoming a volunteer / performing work placement.</p>			
Are you prepared to undergo a Criminal History Screening through Disability Service Qld?	Yes	No	
Do you have current Blue Card? Please give the expiry date.	Yes	No	Expiry Date:
<p>While not essential, it is desirable that you have a First Aid Certificate and a CPR Certificate.</p>			
Do you have a current First Aid certificate? Please give the expiry date.	Yes	No	Expiry Date:
Do you have a current CPR certificate? Please give the expiry date.	Yes	No	Expiry Date:
<p>The work may involve some bending, stretching, pushing, pulling and lifting. The following questions relate to the health & safety of employees. A copy of the Position Description for a Volunteer has been provided to you. (Please Note - Failure to disclose a pre-existing medical condition may make you ineligible for compensation in certain situations).</p>			
Do you have any pre-existing medical conditions?	Yes	No	Details of conditions:
In your opinion, do you feel that these medical conditions will affect your ability to fulfil the requirements of a Volunteer?			Comments:
<p>All volunteers and work placement participants are required to have completed the NDIS Worker Orientation Module prior to employment with ALARA.</p>			
Have you completed the NDIS Worker Orientation Module? Please provide a copy of your certificate.			

Please tick your preferences:

Age Group:

☐ 0 - 12 years ☐ 12 - 18 years ☐ 18 + years ☐ All

I would like to be involved in:

☐ One-off activities ☐ On-going activities

I am able to volunteer:

☐ 1 - 4 hours/week ☐ 4 - 10 hours/week
☐ Other - please state _____

Program types:

☐ Night time: weekday activities ☐ Night time: weekend activities
☐ Day time: weekday activities ☐ Day time: weekend activities
☐ School Holiday activities ☐ Overnight Camps

Activities:

☐ Sports ☐ Social Outings / Community
☐ Craft/Cooking activities ☐ Educational ☐ Computing
☐ Administration ☐ Other – please specify _____

Please list any sport and recreational interests that you have.

Please list any specific skills that you are able to bring to ALARA:

Any other comments:

If you speak any languages other than English please list these.

Describe what your reasons are for applying for this volunteering opportunity?

If you were a person with a disability, how would you expect to be treated by a volunteer?

If you are successful in becoming a volunteer what date would you like to commence?

REFEREE CONTACT DETAILS

Can these referees be contacted prior to interview? **Yes** ☐ **No** ☐

(Where possible include 3 referees preferably 2 former employers and 1 character reference. Please note referees are not to include relatives.)

Name and Address	Position/Relationship	Telephone	How Long Known?

I verify that the above information which I have provided in this application is true and correct and I acknowledge that, if my application is successful, any false or misleading statement in this application could constitute grounds for subsequent dismissal.

(Signature of applicant)

(Date of application)

Office Use Only: Application received on ____/____/____ by _____

I give my Consent and understand my information will be destroyed after 12 months ☐

I do NOT consent but understand my information will be destroyed after 1 month ☐

ALARA QLD Limited follows the Australian Privacy Principles contained in the *Privacy Act 1988* (Cth) (the 'Privacy Act'). in handling personal information from clients/carers, business partners, donors, members of the public and ALARA QLD Limited People (including members, volunteers, employees, delegates, candidates for volunteer work and prospective employees). As you have provided personal information ALARA Qld Limited requires your consent to hold your information for up to 12 months. Please tick Yes or No to your consent below, if you tick NO your information and application will be destroyed after 1 month. If you give consent your information will be kept for up to 12 months at which point will be destroyed if you are not successful in your employment with ALARA Qld Limited.

I verify that the above information which I have provided in this application is true and correct and I acknowledge that, if my application is successful, any false or misleading statement in this application could constitute grounds for subsequent dismissal.

(Signature of applicant)

(Date of application)