

NAME:

.....

DATE:

___/___/___

APPLICATION FOR VOLUNTEER ROLE

(STRICTLY CONFIDENTIAL)

**Community Living & Respite Services Inc.
Is an Equal Opportunity Employer.**



Community Living
& Respite Services Inc.



Community Living & Respite Services Inc.

SAFETY SCREENING

It is the policy of Community Living & Respite Services Inc. (CLRS) to ensure that volunteers are suitable and meet client needs, placement demands, service agreement and legislative requirements.

Safety screening plays an important role in providing safer delivery of services to people with disability.

The overarching imperative is to strengthen the protections and safeguards for people through a rigorous approach to managing safety screening.

Safety screening is not a means of excluding people with an adverse history from volunteering with CLRS. The relevance of any adverse history is assessed strictly in relation to the work environment and job role.

Volunteers shortlisted will undergo the relevant safety screening prior to commencing, including:

- Disability Worker Exclusion List (DWEL) check
- Disqualified Carer check
- Employment history including disciplinary action disclosure
- Police record check
- Qualification check
- Confirmation of a Working With Children Check (WWCC) card or WWCC receipt
- Referee Checks

If, during the recruitment and selection process or during volunteering, information comes to light which, if correct, may satisfy the criteria for placement on the DWEL, then the applicant/volunteer's name may be placed on the DWEL.

The consequence of being placed on the DWEL is that the person will be prevented from working in a direct support role in any disability residential service directly provided, funded or registered by the department

If applicants do not consent to have their name checked against the DWEL, or do not agree to participate in the DWES, CLRS cannot engage applicants in a role which involves the provision of direct support to a client in a disability residential service.

APPLICATION INFORMATION

This form should be completed fully and accurately and signed at the bottom of the last page.

SURNAME: _____

GIVEN NAMES: _____

ADDRESS: _____

_____ POSTCODE: _____

PHONE NUMBER: HOME _____

BUSINESS: _____ MOBILE: _____

EMAIL: _____

DATE OF BIRTH: _____

Aboriginal or Torres Strait Islander: YES NO

LANGUAGE SPOKEN: (other than English) _____

Please list other Languages services including, signing, makaton/ auslan. _____

ANY CRIMINAL CONVICTIONS OR COURT ORDERS? YES NO

If yes, give details: _____

If not Australian by birth or an Australian citizen, does your Visa allow you to work in Australia?
 YES NO

Type of Visa: _____ Expiry date: ____ / ____ / ____

Please note: Community Living & Respite Services Inc. under authority from the Dept. of Immigration and Ethnic Affairs cannot offer employment unless you have a valid work permit.

Education (Formal)

SECONDARY SCHOOLS ATTENDED	YEAR ATTENDED	LEVEL REACHED
UNIVERSITY/TECHNICAL/TAFE	YEAR ATTENDED	LEVEL REACHED

Other Qualifications

Describe type of Certificates and results obtained: (please attach copy)

Do you hold a current Level 2 First Aid Certificate?
 Expiry date: ____/____/____ (please attach copy)

YES

NO

Do you hold a current Working With Children Card?
 Card Number _____
 Expiry date: ____/____/____ (please attach copy)

YES

NO

Motor Vehicle & Drivers Licence Details

Do you have a current Driver's Licence?

YES

NO

Full Licence or Probation Licence

Card Number: _____
 Expiry date: ____/____/____ (please attach copy)

Do you have a reliable vehicle?

YES

NO

What type of insurance do you have on your motor vehicle? *Please attach copy*

Comprehensive insurance

Extended Third Party

Thirty Party

Relevant Training Courses Attended

NAME OF COURSE	CONDUCTED BY	YEAR ATTENDED

Employment History

Period of Employment To From	Employer	Nature of Duties	Reason for Leaving

Interests

Work/Professional Referees

Please give the names of three referees who can be contacted. Those acquainted with your work history are preferred (e.g. immediate supervisor)

Name:	Telephone No.:
Position:	Company Name:
Name:	Telephone No.:
Position:	Company Name:
Name:	Telephone No.:
Position:	Company Name:

Availability

Please indicate on the following grid the days and hours that you would be available to work

TIME	MON	TUE	WED	THU	FRI	SAT	SUN
Morning							
Afternoon							
Evening							
Sleepover							

1. When are you available to start? _____

2. Please indicate type of work :

- Home Care
 Direct Care
 Residential Service
 Fundraising
 Club Teen
 Alexander House
 Recyclability

*Alexander House, Club Teen & Elizabeth Street Home staff must have Working with Children

Statement

I certify that the information given herein is a true and accurate statement and I understand that I am liable to have my volunteer role terminated if any details in the application are found to be falsified. If successful in my application and in accepting employment with Community Living & Respite Services Inc., I fully understand that all information concerning the organisation and its clients is strictly confidential and any unauthorised disclosure of such information will be regarded as a breach of trust and may result in termination of my volunteer role.

I agree to abide by the organisation's policies and procedures and to comply with the safety rules and procedures and safe working practices.

I am aware of, understand, and agree to the terms of the Disability Worker Exclusion Scheme.

Signed: _____

Date: ____/____/____