

VOLUNTEER / WORK PLACEMENT

APPLICATION FORM

ALARA QLD Limited

8 Warwick Road Ipswich 4305 | p. 07 3817 0600 | e. alara@alaraqld.org.au

Surname:	First Name:	Othe	Other Name/s:			
Present Address:		How	long at address:			
Telephone:	Mobile:	Alter	native No:			
Email:						
EDUCATIONAL BAG	CKGROUND					
Level	Qualification		Year Completed			
Secondary						
Tertiary						
Business or Vocational						
Professional and / or pe	ersonal memberships:					
	EMPLOYMENT HISTORY (List last job first and account for all unemployed time. Continue on another page if required)					
Period of	Employer	Position Held / Title				
Employment	(Name & Full Address of Organisation)		Position netu / nite			

GENERAL QUESTIONS					
Question	No	Yes	Ap	oplicable Details	
All successful applicants are required by the Disability Services Act 2006, and the NDIS to have a Criminal History Screening Suitability Check (Yellow Card). ALARA will arrange for you to complete the Application Form if you are successful in becoming a volunteer / performing work placement. Volunteers are also required to have a Positive Notice Blue Card (Working with Children Check). If volunteering with Aged Care clients you may also be required to undergo a National Police Check prior to engagement.					
Are you prepared to undergo a Criminal History Screening? Qld?					
Do you have a current Blue Card? Please give the expiry date.			Expiry date:		
Have you had a recent National Police Check (less than 3 months old)?			Date:		
While not essential, it is desirable that you have a First Aid Certificate and a CPR Certificate.					
Do you have a current First Aid certificate? Please give the expiry date:			Expiry date:		
Do you have a current CPR certificate? Please give the expiry date:			Expiry date:		
The work may involve some bending, stretching, pushing, pulling and lifting. The following questions relate the health and 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).					
Do you have any pre-existing medical conditions?			Details of condition:		
In your opinion, do you feel that these medical conditions will affect your ability to fulfil the requirements of a Volunteer?			Comments:		
All Volunteers and Work Placement participants are required to have completed the NDIS Worker Orientation Module prior to employment with ALARA.					
Have you completed the NDIS Worker Orientation Module? Please provide a copy of your certificate.					

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Question	No	Yes	Applicable details			
Please tick your preferences:						
Age Group: 🛛 0 – 12 yea	rs 🛛 12 - 18 ye	ars	18+ years			
I would like to be involved in:	□ One-off activities		On-going activitie	25		
I am able to volunteer:	☐ 1 – 4 hours / weeł ☐ Other:	k	🔲 4 – 10 hours / we	eek		
	ght time: weekday activ ny time: weekday activit hool holiday activities		 Night time: week Day time: weeke Overnight camps 	nd activities		
Program types:	 Sports Craft / Cooking Cla Computing Other: 	asses	 Social Outings / C Educational Administration 	Community		
Please list any sport and recre	ational interests that y	ou have:				
Please list any specific skills the	nat you are able to bring	g to ALAI	RA:			
Any other comments:						

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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 or an older Australian, how would you expect to be treated by a worker?

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

REFEREE CONTACT DETAILS

<i>Can these referees be contacted prior to interview?</i> Li Yes Li No (include two (2) former employers and one (1) character reference. Please note referees are not to include relatives)					
Name and Address	Position		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:			