|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Your Contact Details** | | | | |
| **Surname:** |  | **Given Name:** | |  |
| **Address:** |  | | | |
| **Best Contact Phone No:** |  | **Email:** | |  |
| **Driver’s Licence No:** |  | **Vehicle Registration No:** | |  |
| **Primary Language Spoken:** |  | **Are you from an Aboriginal or Torres Strait Islander background?** | | YES  NO |
| **Other Language/s Spoken *(list)*:** |  | | | |
| **Gender *(I identify as):*** | Female  Male  Non-Binary  Prefer not to say | **Preferred Identity Noun:** | |  |
| 1. **Your Studies** | | | | |
| **In what Qualification are you enrolled?** |  | **What Year Level eg. 1st year, etc.** | |  |
| **How many Hours are required by your Placement?** |  | **Is this your First or Second Placement for this Qualification?** | |  |
| 1. **Your Emergency Contact Details** | | | | |
| **Name:** |  | **Relationship:** | |  |
| **Home Phone:** |  | **Mobile:** | |  |
| 1. **National and Other Checks. I have a current (please tick below):** | | | | |
| **Working with Children Check (WWCC) (Volunteer)**  ***It is free to obtain for students on placement.*** | | | YES  NO | |
| **If YES, when was it obtained? (provide date and a copy)** | | |  | |
| **If YES, you will need to add Wellsprings for Women to your Working With Children Check via MyCheck login** [www.workingwithchildren.vic.gov.au](http://www.workingwithchildren.vic.gov.au) **, then click on MyCheck login** | | | | |
| **If NO, I agree to apply and will provide a record of my application** | | | YES  NO | |
| **OFFICE USE ONLY: Copy of WWCC received and placed on file** | | | YES  NO | |
| **National Police Check (NPC)** | | | YES  NO | |
| **If YES, when was it obtained? (provide date and a copy)** | | |  | |
| **If NO, I agree to apply:** | | | YES  NO | |
| **International Police Check (IPC) *(we will provide further detail if you are unclear of this requirement)*** | | | YES  NO  I am unclear | |
| **If you do not hold an IPC, I agree to apply (if relevant):** | | | YES  NO | |
| **OFFICE USE ONLY: Copy of NPC and IPC (where relevant or an IPC Declaration) received and placed on file** | | | YES  NO | |

|  |  |  |
| --- | --- | --- |
| 1. **Medical Conditions *(please tick below)*: All medical and personal information will be treated as Strictly Confidential. Please ask for a copy of our Privacy Policy and Procedure** | | |
| **Do you have any medical conditions or disability that could impact on your ability to undertake certain tasks?** | YES  NO  If YES, please detail: | |
| **Do you have any allergies?** | YES  NO  If YES, please detail: | |
| 1. **Type of Activities Agreed:** | | |
| Social Work | | Education |
| Community Development | | Research |
| Psychology | | Prevention of Family Violence |
| Children’s Activities | | Grant Application |
| Other (specify): | | |

**What days and times would you like to be placed (please add a X)?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **MON** | **TUES** | **WEDS** | **THURS** | **FRI** | **SAT** | **SUN** |
| **AM** |  |  |  |  |  |  |  |
| **PM** |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Please tell us why you are interested in undertaking your Placement at Wellsprings for Women?** |  |

|  |  |
| --- | --- |
| **Signature of Applicant:** |  |
| **Date:** |  |
| **Signature of Manager, Safety & Inclusion:** |  |
| **Date:** |  |

**Please attach or email your CV with this application, alongside a copy of your current WWCC, NPC and IPC (refer in Application Form for details).**