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| --- |
| 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 |

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| 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 [ ]  NOIf YES, please detail: |
| **Do you have any allergies?** | [ ]  YES [ ]  NOIf 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?** |  |

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| --- | --- |
| **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).**