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| SPIRAL LOGO | **Volunteer/Practicum Application Form** | **Version 1.4** |

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| **(Please Print)** |  | **Date of Application:** |  **/ /**  |
|  **Mr** |  **Mrs** |  **Miss** |  **Ms** |  **Other** |  |
| **SURNAME:** |  | **Given Names:** |  |
| **POSTAL ADDRESS:** |  |
|  | **P/CODE:** |  |
| **EMAIL ADDRESS:** |  |
| **PHONE:** | **(H):** |  | **(B):** |  | **(M):** |  |
| **DATE OF BIRTH:** | **/** | **/** |  |  |  |  |  |  |
| **Please indicate position you are applying for:****🞏** Development Worker**🞏** Office / Administration

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| **Please list your SKILLS, HOBBIES and OTHER INTERESTS:** |
|  |
| **EDUCATION, Qualifications and training:** |
|  |
| **Employment History *including* Volunteer positions** |
| **Employer** | **Year** | **Position** | **Duties** |
| **Why are you interested in working for Spiral?** |
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| *For Development Worker / Coordinator applicants* **Why do you wish to support people who live with a disability and what strengths / passions can you bring to the role?** |
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| **REFEREES**

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| **Name / Position** | **Organisation and Address** | **Contact Phone or Mobile** |
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**EMERGENCY CONTACT**

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Contact Phone / Mobile** |
|  |  |  |
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| ***Do you have any pre-existing injury or medical condition that may impede the nature of the duties and responsibilities of the position for which you are applying?*** 🞏 Yes 🞏 No |
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| If yes, please provide a brief description (or on a separate advice): |

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| **DECLARATION:**I declare that to the best of my knowledge, the information I have provided in this application is true and correct |
| **Name:** | **Signature:** |

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