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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   |  |  |  |  | | --- | --- | --- | --- | | **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?** | | | | |  | | | | | *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?** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **REFEREES**   |  |  |  | | --- | --- | --- | | **Name / Position** | **Organisation and Address** | **Contact Phone or Mobile** | |  |  |  | |  |  |  |   **EMERGENCY CONTACT**   |  |  |  | | --- | --- | --- | | **Name** | **Address** | **Contact Phone / Mobile** | |  |  |  | |  |  |  | | | | | | | | | | | | | | | | | | | | | |
| ***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 | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | | If yes, please provide a brief description (or on a separate advice): |  |  |  | | --- | --- | | **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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