This information is collected for the sole purpose of assessing your suitability to work or volunteer with Fairhaven.

The completion of this form does not automatically result in an offer of employment or volunteering.

**Please Note:**

* All applications will be treated confidentially.
* All applications will be retained on file for three months.

**PRIVACY**

Personal information contained within this form will be made available only to employees and managers of Fairhaven with direct involvement in the recruitment process. You may update or access your information at any time by contacting the People and Culture team on 4349 5500. Your application will be stored securely.

Applicant details

|  |  |
| --- | --- |
| Date |  |
| Full name: |  |
| Address:  |  Postcode |
| Daytime contact/mobile:  |  |
| Email: |  |
| Emergency Contact:(name and daytime number/s) |  |

Volunteer area of interest e.g. Op shop, Admin etc: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a Centrelink Obligation to volunteer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What days are you available? Please tick

**[ ]  Monday** **[ ]  Tuesday** **[ ]  Wednesday** **[ ]  Thursday** **[ ]  Friday** **[ ]  Saturday**

How many hours per week are you available? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you eligible to volunteer in Australia? [ ]  **Yes** **[ ]  No**

Employment and Volunteering history

|  |  |
| --- | --- |
| Current or last position:Main duties: | From \_\_\_/ \_\_\_ / \_\_\_to \_\_\_ / \_\_\_ / \_\_\_Employer:Reason for leaving: |
| Previous position:Main duties: | From \_\_\_/ \_\_\_ / \_\_\_to \_\_\_ / \_\_\_ / \_\_\_Employer:Reason for leaving: |
| Previous position:Main duties: | From \_\_\_/ \_\_\_ / \_\_\_to \_\_\_ / \_\_\_ / \_\_\_Employer:Reason for leaving: |

References

Please provide the details of two referees that Fairhaven may contact, preferably one each from your two most recent positions. If you have not worked before, personal and academic references will be considered.

|  |  |
| --- | --- |
| **Name of referee, organisation and position held** | **Contact number** |
|  |  |
|  |  |

Qualifications

Please list your educational, professional or trade qualifications

Proof will be required prior to employment. Includes qualification and transcript, institution attended and period of attendance

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Institution and course name** | **Date****completed** | **Level achieved / result** |
| Secondaryschool |  |  |  |
| TradeQualifications |  |  |  |
| Tertiaryqualifications |  |  |  |
| Professional courses |  |  |  |
| Other |  |  |  |

**Specific skills:** List any skills, experience, licenses or any additional comments that would benefit your application. A separate sheet may be attached if required.

|  |
| --- |
|  |

Do you have a current drivers’ license? [ ]  **Yes** **[ ]  No**

If yes, provide number and class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry date: \_\_\_\_\_\_\_\_\_\_\_\_

Professional / association memberships

|  |  |  |
| --- | --- | --- |
| **Organisation** | **Membership status** | **Renewal date** |
|  |  |  |
|  |  |  |

Health and Medical

Any pre-existing or current medical complaint such as an injury, illness or disease that could be, or potentially could be exacerbated, is required to be declared.

Where you have a pre-existing condition, consideration will be given to reasonable modification to the environment or tasks if possible and practical.

Are there any medical conditions which you need to disclose to us which could impact on your ability to perform the duties of the role you are applying for? [ ]  **Yes** **[ ]  No**

If required, will you agree to undergo a medical examination to ensure that you are capable of fulfilling the requirements of the position? [ ]  **Yes [ ]  No**

If required, will you agree to undergo a drug and/or alcohol test at any point in time in the future if you are employed by Fairhaven? [ ]  **Yes [ ]  No**

|  |
| --- |
| **Please complete this medical questionnaire table with a Yes or No response** |
| High Blood Pressure |  | Allergies (medications/chemicals/bees etc.)  |  |
| Foot Problems  |  | Fits, Seizures, Epilepsy  |  |
| Back/Neck Problems or Injuries |  | Heart Problems |  |
| Muscular Problems  |  | Are you currently taking any medication? |  |
| Any major injuries past or present |  | Do you have any condition which precludes you from wearing personal protective equipment (PPE) |  |

**If you indicated ‘Yes’ to any of the above, please provide further details:**

|  |
| --- |
|  |

Pre-engagement checks

Please be aware that Fairhaven requires pre-engagement checks to be undertaken. Checks can include National Criminal Record (Police) Check; Working with Vulnerable Peoples Check, Working with Children Checks or other Worker Screening checks including medical assessments. By submitting this application, you provide Fairhaven permission to undertake checks as required.

Serious offences that may preclude a person from working with Vulnerable People are:

* A crime or offence involving the death or serious harm of a person;
* An offence or a crime including assault, enticement or a sex-related offence;
* An indecent act involving any person: vulnerable or otherwise or under the age of 18;
* A crime or offence involving dishonesty that is not minor;
* Fraud, money laundering, insider dealing, any financial offence;
* Concealing serious indictable offence.

Declaration

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (applicant’s full name) declare that the information contained in this application is true, complete and correct in every detail, to the best of my knowledge and belief.

I acknowledge and accept that a false statement or dishonest answers to any question may be grounds for termination of my volunteer arrangement, should my application be successful.

Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_