Thank you for agreeing to be a volunteer or undertake your Student Placement with Morrissey.

Volunteers and Student Placement have an important role in our service.

This document has been developed to ensure that you fully understand your rights and responsibilities to ensure Morrissey Clients are provided with the best possible services.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First name: | | Last name: | | | |
| Address: | | | | | |
| Phone (H): |  | | | Phone (M): | |
| Email: | Date of Birth: | | | Gender: | |
| 1st Next of kin (name): |  | | | Address | |
| Phone (H) and (M) |  | | |  | |
| 2nd Next of kin (name) |  | | | Address | |
| Phone (H) and (M) |  | | |  | |
| Volunteer |  | | |  | |
| What days and times are you available |  | | |  | |
| Student Placement |  | | |  | |
| What are the dates you require placement |  | | |  | |
| If Student what is the name and address of your training/education institution | Name | | | Address | |
| What is your trainers/teachers name | Name | | | Phone contact | |
| What are you studying? |  | | |  | |
| What are the requirements of you your placement?  Feel free to discuss this with your trainer/teacher and Morrissey Supervisor |  | | |  | |
| Interests / Hobbies: |  | | | | |
| Speak second language: Yes/No | What language: | | | | |
| Current driver’s license: Yes/No | License number: | | | Class Held: | Expiry date: |
| Current First Aid: Yes/No | | | | Expiry date: | |
| Current Police Clearance: Yes/No | Printed date: | | | | |
| If not at School, it is a requirement for all adults in direct contact with Clients to provide an Australian Federal Police Check number 37 All spent and unspent offences. Please provide a copy that is less than three months since issued  If you are a volunteer and do not have a Volunteer Police Clearance which is less than three months since issue. You are required to provide 100 points of ID as proof of identity enabling Morrissey to apply online. | | | | | |
| Do you have any medical conditions which we should be aware of: Yes/No | | | List conditions and medications | | |

Candidate Signature

Staff member conducting interview:

Staff signature

Date

**Commencement Date:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Document | Author | Modified by | Reviewed by | Authorised by | Issue Date | Review Date | Uncontrolled copy when printed |
| Vol/Student Application | Lisa Malatesta | Anne Mitchell | Lisa Malatesta | Anne Mitchell | 16/12/2019 | December 2020 | Version 1 as of 2017 |