

# VOLUNTEER CONSUMER CONSULTANT APPLICATION FORM



APPLICANT DETAILS			
Date of Application	/ /	Volunteer role preferred	
Surname		First Name	Female <input type="checkbox"/> Male <input type="checkbox"/>
Address			
State		Postcode	
Date of Birth	/ /	Country of Birth	
Home Phone		Mobile Phone	
E-mail address			

SKILLS AND INTEREST			
Occupational Background			
Are you currently employed? If yes, Name of employer	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Educational Background/ Qualifications			
Special Skills	<input type="checkbox"/> Nursing skills <input type="checkbox"/> Allied Health skills <input type="checkbox"/> Computer skills <input type="checkbox"/> Telephone experience <input type="checkbox"/> Music, Crafts, Hobbies <input type="checkbox"/> Public Speaking <input type="checkbox"/> Admin Skills <input type="checkbox"/> Other Details:		
Is English your first language	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Details of other languages you speak, if any.			
How did you hear about this volunteering opportunity?	<input type="checkbox"/> Word of Mouth <input type="checkbox"/> <input type="checkbox"/> Volunteering Resource Centre <input type="checkbox"/> Other Details:		
Previous volunteering experience	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:		
Reasons for your interest in volunteering with Healthscope			
Do you hold a current valid Drivers Licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your vehicle comprehensively insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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## AVAILABILITY

Date you are available from      /      /

On what basis can you be available

- ☐ Weekly    ☐ Fortnightly    ☐ Monthly  
☐ Other, Details

Tick or X the appropriate box to indicate your availability during the week

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
All Day							

## EMERGENCY CONTACT DETAILS

Name		Phone Number	
Address			
State/Postcode		Relationship	

## REFEREES

Please provide details of two referees that you **consent** for us to contact

Name		Name	
Address		Address	
Relationship		Relationship	
Phone No(s)		Phone No(s)	

## DECLARATION OF ACCURACY OF INFORMATION GIVEN

I confirm that the information provided in this application is, to the best of my knowledge, true and complete. I acknowledge that any false statement may be sufficient cause for rejection. I agree that my personal contact information may be disclosed in a personal emergency as necessary.

## DECLARATION OF CONFIDENTIALITY

All personal information about any patient and their family/friends, gained from my work as a volunteer with Healthscope will remain between me, the patient and/or family/friends and the team to which I am attached.

Applicant Signature		Date	/ /
Applicant Print Name		Date	/ /

Please bring "Proof of Identity" with you at the time of interview.

Two (2) of the following documents: Driver's Licence (with photograph), Passport, Birth Certificate or Extract of Birth, Visa or Immigration Document, Australian Document of Identity, Australian Citizenship Papers.

OR

One (1) of the above documents PLUS one (1) of the following documents: ATM Access Card, Credit Card, Pension Card issued by Veteran Affairs or Centre Link.

A Police Check may be required for specific roles.