**Applicants Details:**

**Full Legal Name:** Click here to enter text.

**Pronouns:** Click here to enter text.

**Address:** Click here to enter text.

**Suburb:** Click here to enter text.

**State:** Click here to enter text.

**Post Code:** Click here to enter text.

**Phone:** Click here to enter text.

**Email Address:** Click here to enter text.

**Date of Birth:** Click here to enter text.

**Country of Birth:** Click here to enter text.

**Citizenship Details:** Click here to enter text.

**Gender:** Click here to enter text.

**Driver’s License:** Click here to enter text.

**Emergency Contact Details:**

**Name:** Click here to enter text.

**Relationship:** Click here to enter text.

**Phone:** ­­­­ Click here to enter text.

**Email:** Click here to enter text.

**Working with Children Check (WWCC):** **Yes**  **No**­­­­­­­­­­­­­  | **Sighted Card No:** Click here to enter text. **For some roles you may be requested to obtain a WWCC. It is free for volunteers.** Please email a copy and register our organisation on to your employer list.

**Ambulance Subscription: Yes**  **No**  \*In the case of an emergency an ambulance will be contacted and associated expenses the responsibility of individual members / volunteers, everyone is encouraged to have an ambulance subscription.

**Would you like to become a Community Member? Yes**  **No**­­­­­­­­­­­­­  for more information, please visit <https://www.charityconsultants.org.au/membership>.

**Medical Conditions Do you have any medical conditions or disability? If so, please detail:** ­Click here to enter text.

**You are required to disclose any relevant medical conditions and medication, for your safety and well-being. All medical and personal information will be treated as confidential!**

**Permission to Use Photographs and Videos**

I Click here to enter text., AGREE/NO NOT AGREE for Not-for-Profit and Charity Community Consultants (NFPCCC)/Diverse Communities and Social Services (DCSS Australia) to take, use, and distribute photographs, to promote volunteering or the Organisation I allow such use.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:** Click here to enter text.

**Type of Work Preferred:**

Please read Website: [www.charityconsultants.org.au](http://www.charityconsultants.org.au) and [www.dcssaustralia.org](http://www.dcssaustralia.org) for more organisation and program information that will assist in selecting your preferences, and then tick the appropriate box below:

|  |  |
| --- | --- |
|  | Administration, Policies and Procedures |
|  | Community Development/Engagement |
|  | Consulting/Partnerships |
|  | Training and Development |
|  | Events/Activities/Fundraising |
|  | Recruitment / Human Resources |
|  | Client Services/Case Management |
|  | Business Development/Capacity Building |
|  | Advisory Committee/Organisation Leadership |
|  | Executive Management/Board of Directors |
|  | Other: Click here to enter text. |

**What days and times are you available?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **MON** | **TUES** | **WEDS** | **THURS** | **FRI** | **SAT** | **SUN** |
| **AM** |  |  |  |  |  |  |  |
| **PM** |  |  |  |  |  |  |  |

**What position would you like to apply for?** Click here to enter text.

**Please highlight the skills, knowledge and or experience you may bring to this role?** Click here to enter text.

**What qualifications and experience do you hold that would make you an ideal candidate for this position?** Click here to enter text.

**Please indicate any relevant experience that you have?** Click here to enter text.

**Please detail any previous volunteering work that you have been involved in?** Click here to enter text.

**Please briefly state any additional skills or expertise that you have that would enhance the work of the Organisation?** Click here to enter text.

**Please explain how your presence would benefit the organisation?** Click here to enter text.

**Applicant Declaration:**

Ideclare that to the best of my knowledge the information given is true and correct.

I understand that inaccurate, misleading, or untrue statements or knowingly withheld information may result in termination of engagement with this organisation.

I understand that this application does not constitute an offer of engagement.

I understand if I am successful with my application, that I am required to undertake a police check and in some cases financial credit checks will be required.

**Name:** Click here to enter text. **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** Click here to enter text.

Please send this application form along with your resume, cover letter, and any other supporting documents, e.g., Qualifications, Certificates, Clearances, etc. via email to [People.Culture@charityconsultants.org.au](mailto:People.Culture@charityconsultants.org.au).

Thank you for choosing to apply for a position within our organisation! 😊

**Office Use Only:**

**Date Received**: Click here to enter text. | **Date for interview:** Click here to enter text.

**Confidentiality Statement signed?**  | **Code of Conduct Signed?**

**Volunteer Agreement Signed?**  | **Systems Access Policy Signed?**

**NPC Conducted?**  | **WWCC? (If applicable)**  **| 100 Points of ID received?**

**Entered into Database, and accounts created?**  | **Copy of Qualifications**

**Application Approved:**  Yes  No | **Referee Check Completed?**  Yes  No

**Membership Application:**  Yes  No | Membership fee paid? $25  Yes  No

**Orientation complete:** Click here to enter text. | **Induction complete:** Click here to enter text.

**Recruitment Delegate:** Click here to enter text. | **Position:** Click here to enter text.

**Does this application require a Delegate/CEO follow up?**  Yes  No

**Notes:** (Intentionally left blank)

Click here to enter text.