

Volunteer Application Form

Instructions

- Please answer all questions using BLOCK letters.
- Please respond to all questions
- To submit this form, please email to Health.RAHVolunteers@sa.gov.au
- Or print and sign and post to
 RAH Volunteer Services Unit
 Mail Delivery Point: 3D430.52
 Royal Adelaide Hospital
 Port Road, Adelaide SA 5000

I wish to volunteer as a
 (refer to website www.rah.sa.gov.au/support-us/volunteering-at-the-rah)

Site (please circle): RAH TQEH HRC Glenside

Availability (please circle): Mon Tues Wed Thurs Fri Sat Sun

Personal Details

Title: Mr Mrs Ms Miss

Surname:D.O.B:

Given Names:Preferred Name:

Residential Address:

Town/Suburb:State: Postcode:

Home Telephone: () Mobile:

Email Address:

Languages spoken:

Emergency Contact

Relationship to Applicant:

Title: Mr Mrs Ms Miss

Surname:Given Names:

Residential Address:

Town/Suburb:State: Postcode:

Home Telephone: () Mobile:

Email Address:



Other Information Required

Are you an Australian Resident? If not, please bring a copy of your passport and visa to your interview

Yes No

Are you willing to complete a National Police Check as part of your application?

Yes No

Personal Background Information

Yes No Have you ever been investigated, arrested or reported for, or pleaded or found guilty of, any criminal offence? If yes, please provide further information. Attach additional pages if required.

Yes No Have you ever been charged with a serious traffic offense which resulted in the loss or suspension of your driver's licence? If yes, please provide further information. Attach additional pages if required.

Yes No Are you currently facing charges yet to be determined for any offence? If yes, please provide further information. Attach additional pages if required.

Yes No Have you ever had your employment and/or volunteering role terminated by a South Australian public sector agency or any other organisation for any reason? If yes, please provide further information. Attach additional pages if required.

Yes No Have you been the subject of formal allegations or an investigation or any other process relating to unsatisfactory performance or misconduct as an employee or volunteer? If yes, please provide further information. Attach additional pages if required.

Yes No Have you ever been the subject of allegations of conduct by you of a violent and/or sexual nature towards or in relation to a child or children (person under 18 years of age) or an adult (over 18 years of age)? If yes, please provide further information. Attach additional pages if required.

Yes No Are there any physical disabilities or impediments that stop you from performing a role? If yes, please provide further information. Attach additional pages if required.

Education and Qualifications

Highest level of education completed:

Trade Qualifications:

Other relevant training and/or certificates:

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Other relevant health experience:

Current and full drivers licence: Yes No

Employment Status

Are you currently:

- | | | | |
|---|------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Employed? | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Self Employed? | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Student? | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | <input type="checkbox"/> Caring for home/family |
| <input type="checkbox"/> Other | | | |

Most recent employment

Company/Organisation: Date started:

Position: Date ended:

What made you decide to volunteer?

Why do you want to become a Volunteer?

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.....

What do you hope to gain from becoming a Volunteer?

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.....

How did you hear about the Central Adelaide Local Health Network Volunteers? (Please tick all that apply)

- | | | | |
|---------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Poster | <input type="checkbox"/> Hospital | <input type="checkbox"/> Flyer/Handout |
| <input type="checkbox"/> TV | <input type="checkbox"/> Social Media | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Other: | | | |

Hobbies and Interests

What are your hobbies and interests?

.....
.....

Volunteer Involvement (past and current)

Provide details of any other volunteer involvement:

Organisation: Location:

Contact Person: Contact Number:

Years/Hours of Service: Current? Yes No

Referee Name and Contact Details (please attach applicable reference letter/s)

Title: Mr Mrs Ms Miss

Surname: Given Name:

Relationship to Applicant:

Contact Number:

Email Address:

Declarations

- I have personally completed this application form. To the best of my knowledge, the answers are true and correct in every way.
- I understand that erroneous or fake declaration made by me in this application may result in disciplinary action or termination of my service as a volunteer.
- I state that I am 18 years of age or above.
- I understand that I must be fit and able to perform the role and accept any changes to my medical condition may impact my service as a volunteer resulting in my departing due to ill health and safety concerns.
- If my application to become a volunteer with Central Adelaide Local Health Network Volunteers is successful, I agree to be bound by, and will at all times adhere to the current Central Adelaide Local Health Network Volunteer Conduct Standard. I will also observe, respect and abide by all current terms and conditions, policies and procedures relating to volunteering with the Central Adelaide Local Health Network site, and any subsequent amendments. Failure to do so may result in disciplinary action or termination of my services as a volunteer.
- I will maintain strict confidentiality with all Central Adelaide Local Health Network information and all patient information and understand that a breach of this information will result in disciplinary action or termination of my services as a volunteer.
- I understand that my application is subject to a satisfactory National Police Check.
- I give approval for my referees and any organisation I have listed to be contacted for the purpose of verifying past work/volunteer history.
- PRIVACY DECLARATION:** Central Adelaide Local Health Network recognises the importance of protecting the privacy of individuals' personal information. I have read and understood the 'Central Adelaide Local Health Network Privacy Disclosure Statement for Volunteer Applicants' (Page 5) and agree to the use of my personal information in the manner described in the statement. I understand that if I am successful in my application, my contact details (address, phone number, etc.) may be made available to Central Adelaide Local Health Network paid and volunteer management personnel where required for the effective operation of the Central Adelaide Local Health Network Volunteer Service.

Signature

I declare that I have read and understood the declarations and privacy disclosure statement.

Applicants Signature: Date:

Privacy Disclosure

CENTRAL ADELAIDE LOCAL HEALTH NETWORK PRIVACY DISCLOSURE STATEMENT FOR VOLUNTEER APPLICANTS

Central Adelaide Local Health Network (CALHN) recognises the importance of protecting the privacy of individuals' personal information.

When applying for a volunteer position at a CALHN site, you will be required to provide certain information about yourself.

Collection of your information

CALHN collects your personal information in order to assess your volunteer application.

CALHN may also make notes and prepare confidential reports in respect of your application.

CALHN generally collects the information it requires directly from you by way of written materials (e.g. your application), interviews or telephone discussions.

If you do not provide CALHN with the information it requires, it may not be able to process your application (and therefore may reject it).

In limited circumstances, CALHN may also collect information about you from third parties. CALHN will conduct criminal record checks and may collect and store information about you from law enforcement bodies, government agencies or any referees which you have nominated in your application.

Use and Disclosure of your information

CALHN will store your personal information for as long as the CALHN believes it may be required.

CALHN will only disclose the information contained in applications to third parties which assist us in our recruitment functions.

CALHN will not disclose personal information to any other third party, except with your consent or in accordance with the Commonwealth *Privacy Act 1988*.

Before providing CALHN with the name and contact details of any other individual (such as your referee) in connection with your application, you must first obtain their consent for their personal information to be included on your application.

You should also inform the person that:

- Their personal details will be disclosed to CALHN in connection with your application
- They may request access to the information held about them by CALHN by contacting us at the address sent out below.

Access and Correction

You may seek access to personal information held about you by CALHN.

CALHN will correct or amend any information which it considers inaccurate, incomplete or out-of-date.

Access to information must be made in accordance with the *Freedom of Information Act 1991 (SA)* in the prescribed manner and forwarded to:

Freedom of Information
Royal Adelaide Hospital
1 Port Road
Adelaide, SA 5000

Telephone: 7117 2385

Email: Health.RAHFOI@health.sa.gov.au