|  |  |  |
| --- | --- | --- |
| volunteer_program_ACT_out |  | |
|  | PO Box 3699  Weston Creek  Telephone 0405732837  SVPACT2018@gmail.com  www.svpact.org.au |

**CONFIDENTIAL APPLICATION**

I am applying to be a Student Mentor with the School Volunteer Program ACT Inc.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| My Preferred Area/School |  | | | | | | | | |
| Surname |  | | | | | Given Name | |  | |
| Preferred name for the badge | Mr/Mrs/Miss/Ms/Other | | | | |  | | | |
| Address |  | | | | | | | | |
|  | State | |  | | | Postcode | | |  |
|  | How long have you been at this address? | | | | | | | |  |
| Previous Address  if less that 2 Yrs |  | | | | | | | | |
|  | State | |  | | Postcode | | | |  |
|  | How long have you been at this address? | | | | | | | |  |
| Telephone |  | | | Mobile | | | | |  |
| Email |  | | | | | | | | |
| Date of Birth |  | | | | | | | | |
| Emergency Contact | Name |  | | | | | Mobile Number | |  |
| Working with Vulnerable People Registration Number | | | | | | |  | | |
| Registration Expiry Date | | | | | | |  | | |

|  |  |
| --- | --- |
| Background Interests/ Hobbies |  |
| Skills |  |
| Experience |  |

**Referee Details**

Please provide contact details of TWO people who have known you for more than 2 years (other than family members). They can be friends or workmates who know you well.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname |  | | Given Name |  |
| Telephone – Office Hours |  | | | |
| Mobile |  | Home | | |
| Email |  | | | |
| Position/Relationship to you |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname |  | | Given Name |  |
| Telephone – Office Hours |  | | | |
| Mobile |  | Home | | |
| Email |  | | | |
| Position/Relationship to you |  | | | |

**CONFIDENTIALITY REQUIREMENT - Please read and complete and sign**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
|  | Full Name | | | |  |
| I understand that as a volunteer working with SVPACT Inc at a school, I have the responsibility to respect and maintain the confidential nature of activities within the school.  I agree to comply with the Australian Privacy Principles of the Privacy Act 1988 as amended, and the confidentiality provisions of the ACT Education and Training Directorate Code of Conduct for persons working in schools  I declare the information in this application is correct, to the best of my knowledge. | | | | | |
|  | | |  |  | |
| Applicant’s Signature | | |  | Date | |
| **PLEASE NOTE** | | **PRIVACY ACT** | | | |
| Personal data you have provided will be treated as confidential, in line with the Australian Privacy Principles of the Privacy Act 1988 as amended. | | | | | |

**Completed Forms Send to the Secretary**

Email svpact2018@gmail.com

Post SVPACT Inc. PO Box 3699, Weston Creek ACT 2611