

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	

“It takes a village to raise a child”

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

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