

INTERESTS – please list here any hobbies or interests you have

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.....

OTHER VOLUNTEER EXPERIENCE AND/ OR EMPLOYMENT HISTORY

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.....

REFERENCES – please provide names and addresses of two character referees

1. Name:.....

Address:

Phone Number:.....

2. Name:.....

Address:

Phone number:.....

I agree to adhere to the rules and regulations of this Centre, whatever they may be.

I am aware that all information regarding the Centre and the clients is confidential.

I agree to having a Criminal Record Check, as required by law, by the NSW Health Department.

My date of birth.....and place of birth

I agree to have a Child Protection Prohibited Employment check, as required by law, by the NSW Health Department.

I certify the above information to be accurate to my knowledge.

Signature Date:.....

Please return this application form to:

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Ryde NSW 1680

Phone: 9807 1144