



Placement / Volunteer Application Form

High School Placement **Student Placement** **Volunteer Work**

Date: / /

First Name: _____ Surname: _____

DOB: ____/____/____ Gender: Female Male

Aboriginal and/or Torres Strait Islander: Yes No

Address: _____

Postcode: _____

Phone: _____ Email: _____

School / Tafe / University: _____

Course / Qualification: _____

Please Tick at least **TWO** of the following area's in which you would like placement in:

- | | |
|---|--|
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Children Program |
| <input type="checkbox"/> Family Services | <input type="checkbox"/> Youth Program |
| <input type="checkbox"/> Section 18 | <input type="checkbox"/> Alcohol & Other Drugs |
| <input type="checkbox"/> Medical Clinic | <input type="checkbox"/> Aged Care |
| <input type="checkbox"/> Disability Services | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Project – Please Specify | |

Start Date: ____/____/____

Finish Date: ____/____/____

Hours Required: _____

Please indicate Days and Times you're available below

	Monday	Tuesday	Wednesday	Thursday	Friday 9am- 4pm
Hours between 9-5					

Any other relevant information we may need to know?

Please submit a copy of your current resume/CV and send this form to recruitment@bdac.com.au