

SECTION A: YOUR PERSONAL DE	TAILS					
LEGAL NAME:						
PREFERRED NAME:						
RESIDENTIAL ADDRESS:						
POSTAL ADDRESS: SAME AS ABOVE □						
MOBILE NUMBER:						
EMAIL:						
DATE OF BIRTH:				GENDER:	□M □F □	OTHER
COUNTRY OF BIRTH:						
ARE YOU OF ABORIGINAL AND/OR TORRES STRAIT ISLANDER ORIGIN?		□ Ү	□YES		□ NO	
LANGUAGES YOU SPEAK OTHER THAN EN	IGLISH:					
EMERGENCY CONTACT NAME:						
EMERGENCY CONTACT NUMBER:			RELA	TIONSHIP:		
ARE YOU A PARENT OR A GUARDIAN OF	N AT THIS SCHOOL	L?		□ YES	□NO	
IF YES, PLEASE LIST THE NAMES OF CHILDREN ENROLLED:						
ARE YOU AN OLD SCHOLAR FROM THE HEIGHTS SCHOOL? WHAT YEAR DID YOU GRADUATE?						
SECTION B: MEDICAL						
Do you have any psychological or medical conditions that might affect your ability to volunteer or anything we need to know in case of an emergency? For example, diabetes, asthma, severe food allergy, epilepsy?			□ NO			
If yes, please provide details here and discuss at your interview:						
Do you require any special assistance due	oility?			☐ YES	□NO	



SECTION C: YOUR VOLUNTEERING, EMPLOYMENT OR STUDY DETAILS						
Tell us about somethir	ng you've don	e recent	ly:			
NAME OF ORGANISAT	TON:					
ORGANISATION CONT	ACT NUMBER	R :				
SECTION D: YOUR	R PERSONA	L REFE	EREES			
We will contact these knows you.	people to find	out a bi	t more about you. A re	eferee can be someone at	our school who already	
REFEREE 1 - NAME:	1 - NAME:			EMAIL OR PHONE NUMBER:		
REFEREE 2 - NAME:	REFEREE 2 - NAME:			EMAIL OR PHONE NUMBER:		
How do you know this person? (Referee 1)		☐ Frie	nd	☐ Relative	☐ Employer	
		☐ Volunteer Co-ordinator		☐ Other (please specify)		
(Referee 2)		☐ Frie	nd	☐ Relative	☐ Employer	
		☐ Volunteer Co-ordinator		☐ Other (please specify)		
AREAS YOU WOULD LIKE TO VOLUNTEER?						
☐ Camps	☐ Classroom	ssroom		☐ Grounds & Facilities	☐ Governing Council	
☐ Immunisations	Student Hom		☐ Mentoring	☐ Observatory	☐ Pedal Prix	
_	Programme				_	
☐ Resource Centre	☐ SAKG Garden		☐ SAKG Kitchen	☐ Performing Arts	☐ Sporting Events	
☐ Stall Events	☐ Wakakirri ☐ Where needed					
WHAT DAYS AND TIMES ARE YOU AVAILABLE TO VOLUNTEER?						
TELL US ABOUT YOURSELF						
List any skills, qualifications or interests that may contribute to your role as a volunteer. For example, mentoring,						
gardening, cooking, storytelling, sports, administration, sport etc.						





SECTION D: PHOTO PERMISSION
Do you consent to your photo being used in school publications such as our newsletter, Facebook page and website?
□ YES
SECTION F: MANDATORY CLEARANCE & ONLINE TRAINING

WORKING WITH CHILDREN CHECK (WWCC)

By law, people volunteering with children in South Australia must have a volunteer **Working With Children Check (WWCC).** This mandatory clearance is issued by the Department for Human Services Screening Unit (DHS for short) and is an assessment of whether a person poses an unacceptable risk to children. The check is free and will be organised by our Community Liaison if you do not have one (form to initiate application is attached). The DHS advise it can take up to six weeks to process your application. The is required to be renewed every 5 years and has ongoing monitoring during that time.

For further information about this clearance please click on or type the following link into your internet browser: https://screening.sa.gov.au/types-of-check/working-with-children-check/volunteering-with-children

ONLINE TRAINING

You will need to complete the two training modules mentioned below to volunteer. They are both free and available through Plink, an online learning management system used within the Department for Education South Australia. To start you need to create a non-Department account at www.plink.sa.edu.au/pages/signup.jsf or log into your existing account if you already have one.

If you experience any issues with your account or training modules, please contact Plink directly on 8463 5609 or email education.ranec@sa.gov.au.

 Responding to Risks of Harm, Abuse and Neglect - Education and Care Mandatory Notification Training (RRHAN-EC)

This mandatory notification training is about child protection within an education setting and required to be renewed every 3 years.

Please read important information about new criminal offences
(new-criminal-offences-under-statutes-amendment-child-sexual-abuse-act-2021) under https://www.education.sa.gov.au/new-criminal-offences-under-statutes-amendment-child-sexual-abuse-act-2021) under new-criminal-offences-under-statutes-amendment-child-sexual-abuse-act-2021) under new-criminal-offences-under-statutes-amendment-child-sexual-abuse-act-2021) that came into operation on 1 June 2022.

General Volunteer Induction

This Plink course covers various topics such as policies, work health and safety responsibilities. This certificate is not required to be renewed.



SECTION F: MANDATORY CLEARANCE & ONLINE TRAINING CERTIFICATES						
☐ I understand and agree that I will not be able to commence volunteering until all of the documents listed below have been provided to the school and an onsite induction has been completed with our Community Liaison Officer.						
Providing your	COVII	D-19 vaccination sta	tus is required	l.	□ VACCINATED	□ NON-VACCINATED
☐ Please tick to confirm that you will provide The Heights School with your COVID-19 vaccination status and comply with the relevant regulations as outlined in the non-employee COVID-19 vaccination policy on the Department for Education South Australia website. This information is kept confidential. If you require further information please contact our Community Liaison on 8263 6244.				(This means being vaccinated in accordance with Australian Technical Advisory Group Immunisation (ATAGI) guidelines, which currently includes a third dose of a TGA approved vaccine no later than 6 months after receiving the second dose)		
Do you have a current volunteer Working With Children Check issued by the Department of Human Services Screening Unit? If yes, please provide us with a copy and /or screening reference number: If you do not, please complete the Initiate Volunteer WWCC form enclosed			□ YES □ NO			
giving The Heights	School	permission to initiate the	e application on y	our behalf.		
Do you have a current RRHAN-EC certificate? If yes, please provide us with a copy. If you have not completed this training, please refer to the how to instructions on page 3 of this form.			☐ YES	□NO		
Have you completed the online general volunteer induction ? If yes, please provide us with a copy. If no, please refer to the how to instructions on page 3 of this form.			□ YES	□ №		
COMMENTS:						
SIGNATURE:				DATE:		
PLEASE RETURN THIS FORM BY EMAIL TO <u>DL.1430.VOLUNTEERS@SCHOOLS.SA.EDU.AU</u> OR YOU ARE WELCOME TO DROP IT INTO OUR FRONT RECEPTION. PLEASE CONTACT OUR COMMUNITY LIAISON ON 8242 8900 IF YOU HAVE ANY QUESTIONS.						
OFFICE USE ONLY - PLEASE RETURN THIS FORM TO THE COMMUNITY LIAISON						
DATE FORM RECEIVED:		DATE ONSITE INDUCTION BOOKED:				
PROOF OF ID SIGHTED:			FILE CREATED - STORED SECURELY AND CONFIDENTIALLY			
DECLARATION ATTACH	ED:	WWCC INITIATE FORM ATTACHED:				

