

SECTION A: YOUR PERSONAL DETAILS						
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?		□YES		□ NO		
LANGUAGES YOU SPEAK OTHER THA	AN ENGLISH:					
EMERGENCY CONTACT NAME:						
EMERGENCY CONTACT NUMBER:			RELA	TIONSHIP:		
ARE YOU A PARENT OR A GUARDIAN OF CHILDREN		AT THIS SCHOOL	L?		☐ YES	□ NO
IF YES, PLEASE LIST THE NAMES OF C	CHILDREN ENR	OLLED:				
ARE YOU AN OLD SCHOLAR FROM T	HE HEIGHTS SO	CHOOL? WHAT Y	EAR DII	O YOU GRAI	DUATE?	
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?			□ YES	□ NO		
If yes, please provide details here and discuss at your interview:						
Do you require any special assistance	oility?			□ YES	□ NO	



SECTION C: YOUR VOLUNTEERING, EMPLOYMENT OR STUDY DETAILS							
Tell us about something you've done recently:							
NAME OF ORGANISAT	ION:						
ORGANISATION CONT	ACT NUMBER	R:					
SECTION D: YOUR PERSONAL REFEREES							
We will contact these people to find out a bit more about you. A referee can be someone at our school who already knows you.							
REFEREE 1 - NAME:				EMAIL OR PHONE NUMBER:			
REFEREE 2 - NAME:	2 - NAME:			EMAIL OR PHONE NUMBER:			
How do you know this (Referee 1)	person?	☐ Frie	nd	☐ Relative	☐ Employer		
(Neieree 1)		□ Vol	unteer Co-ordinator	☐ Other (please specify)			
How do you know this person? (Referee 2)		☐ Friend		☐ Relative ☐ Employer			
(Neterce 2)		□ Vol	unteer Co-ordinator	☐ Other (please specify)			
AREAS YOU WOULD LIKE TO VOLUNTEER?							
☐ Camps	☐ Classroom		☐ Excursions	☐ Grounds / Facilities	☐ Governing Council		
☐ Immunisations	☐ Internation Student Hom Programme		☐ Mentoring	☐ Observatory	☐ Resource Centre		
☐ Stephanie Alexander Garden	☐ Stephanie Alexander Kit	chen	☐ Performing Arts	☐ Sporting Events	☐ Stall Events		
☐ Wakakirri	☐ Where nee	eded					
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 □ NO
SECTION E- 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 <u>new criminal offences</u> (https://www.education.sa.gov.au/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 https://www.education.sa.gov.au/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) 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.							
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:					□NO		
If you do not, please complete the Initiate Volunteer WWCC form enclosed giving The Heights School permission to initiate the application on your 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.					□NO		
Have you completed the Online General Volunteer Induction ? If yes, please provide us with a copy. If no, please refer to instructions on page 3 of this form.					□NO		
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 INDUC	TION ROOKED.				