

Student Placement Application Form

Personal Details

Last name:	First name:
Address:	
Suburb:	Post code:
Phone number:	Mobile:
Email:	
I prefer to be contacted via: <input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Email	
School / TAFE / College / University Name:	
What year / course are you studying?	
What skills/ outcomes do you need to gain from your placement?	
Do you need office based work, face to face work with people with disabilities or a mixture of both?	
What level of supervision do you require? e.g. weekly face to face meetings with a supervisor, observation and sign off on learning outcomes	
<input type="checkbox"/> I am a permanent resident	or Visa type:
<input type="checkbox"/> I do not have any work restrictions	or Work restrictions:
<input type="checkbox"/> I have a current NSW Driver's Licence	Type: <input type="checkbox"/> Manual or <input type="checkbox"/> Automatic
<input type="checkbox"/> I have my own vehicle	<input type="checkbox"/> I have comprehensive car insurance
<input type="checkbox"/> I have a current First Aid certificate	Expiry date:
<input type="checkbox"/> I have a current Working with Children Number	Clearance number:

Availability

Interview

You would be required to come into the office for an interview. Please indicate the days, times you are available to do this.

	Monday	Tuesday	Wednesday	Thursday	Friday
Times available between 8am-5pm					

If you are unable to attend in these hours please provide a reason below and suggest alternative times and we may be able to schedule an interview outside of normal office hours: _____

Placement availability

Please indicate the days, times and frequency you are available to complete your placement. If successful a roster will be organised using this information.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times available							
Frequency (monthly, weekly)							

Which programs are you interested in completing your placement on? Please tick all that interest you.

- | | |
|--|--|
| <input type="checkbox"/> School Holiday Group Programs | <input type="checkbox"/> Friday Night Weekend Group Programs |
| <input type="checkbox"/> Saturday Weekend Group Programs | <input type="checkbox"/> Rosebery & Saturday Night Social Group Programs |
| <input type="checkbox"/> Sunday Weekends Group Program | <input type="checkbox"/> After School Care Programs |

Declaration of Health

It is important that Creativity Inc is aware of any medical problems or conditions which may affect your ability to perform certain duties, to assure that the work we offer is appropriate to you and for your safety and the safety of those you work with.

If you answer 'Yes' to any of these questions, it does not necessarily prevent you from completing your placement with Creativity Inc. Our objective is to find work which will suit your requirements.

1. Are you taking or have you been prescribed any medication which may impair your judgement, slow your reactions, cause drowsiness or have any other effect? Please provide details.

2. Are you taking or have you been prescribed any medication which prevents you from driving or handling machinery? Please provide details.

3. Do you have any infections or allergies which may affect the health of another person who you may be working with? Please provide details.

4. Do you have any illness or disability that might limit your ability to assist a person with a disability? E.g. back problems, heart condition, skin complaints. Please provide details.

5. Do you suffer from any recurring or long-term psychiatric, emotional or nervous disorder? Please provide details.

6. Do you have any other medical or health problems which may limit your ability to assist a person with a disability or restrict your ability to perform certain types of activity? Please provide details.

7. Is there any other information that you think may be relevant?

I declare that the above information is a true and correct record of my state of health.

Name: _____ Date: _____

Signature: _____

ALL PERSONAL AND MEDICAL INFORMATION WILL BE KEPT CONFIDENTIAL

Criminal Record Check and Working with Children Check

It is a requirement of Creativity Inc that applicants undertake both the Working with Children Check and the National Criminal History Record Check. It is our legal responsibility to advise you that prohibited persons under the Child Protection (Working with Children) Act 2012 are not permitted to apply for the position.

If you are invited to interview you will be required to provide documentation to establish visa status and also to provide 100 points of identification, one of which must include photo identification such as a passport.

Applicant Declaration

I declare that the information provided by me to Creativity Inc is true and accurate. I understand that any information found to be false or misleading could lead to me not being able to complete my placement with Creativity Inc. I understand that my application and any opportunities provided with Creativity Inc is subject to clearance of the Working with Children Check and the National Criminal History Record Check.

Name: _____

Signature: _____

Date: _____

Please send your application to jobs@creativityinc.com.au or post to Human Resources Department, PO Box 128, Matraville, NSW, 2036.

Thank you for your interest in Creativity Inc.