



marymead
children • families • community

**Form
MM HR 5113**

Expression of Interest - Student Placement

Thank you for your interest. Please ensure that you have completed the form. Students are required to have a current and satisfactory Police Check and Working with Vulnerable People card (or Working with Children Check). Applicants have the right to withdraw any time during the application process as does Marymead. Submit your completed application to volunteering@marymead.org.au or send to:

Student Placement and Volunteer Coordinator
PO Box 4260 KINGSTON ACT 2604

Section 1: Personal Detail*		
Surname:	First name:	Other names:
Address:		
Tel: _____ Mob: _____		
E: _____ @ _____		
Date of Birth:		
Are you of Aboriginal or Torres Strait Islander descent? No <input type="checkbox"/> Yes <input type="checkbox"/>		
Do you identify with any other cultural background (optional)? No <input type="checkbox"/> Yes <input type="checkbox"/>		
Please specify:		
Do you speak any other languages (if applicable)?		
Preferred language:		
Do you require an interpreter or assistance with forms? No <input type="checkbox"/> Yes <input type="checkbox"/>		
Which language? **		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>		
Relationship status: Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/>		
In case of emergency, please contact:		
Surname:		First name:
Relationship to you:		
Tel: _____ Mob: _____		
E: _____ @ _____		

Do you have any condition/s that could affect your ability to complete your Marymead placement? No Yes
If YES, provide details:

Section 2: Placement Detail

Educational Institution:

Location:

What are you studying?

Psychology Social Work Community Services Disability Services Mental Health
Out of Home Care Finance Records Management Business Marketing
Other : Please stipulate

Qualification:

Cert II Cert III Cert IV Diploma Bachelor Post-Graduate Masters Doctorate
Other : Please stipulate

Are you studying full-time or part-time? F/T P/T

What year of your course are you in?

First Second Third Fourth Other

Course Coordinator/Contact:

Tel: _____ Mob: _____

E: _____ @ _____

Why do you wish to complete your placement with Marymead?

What qualities and skills will you bring to this placement?

What age group/s are you required to gain experience with?

2-5 6-10 11-15 16+ Adults No limitation/preference

Number of placement hours?

Start date:		End date:	
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Is there any flexibility with the end date? Yes No
 Please explain:

Are there a minimum number of hours required to be direct client contact?

What are your supervision requirements?

As not all placements can be client contact only, please list other important requirements as part of your placement:

Counselling (clinical)	<input type="checkbox"/>	Social Work	<input type="checkbox"/>	Projects (Program evaluation/development)	<input type="checkbox"/>
Counselling (non-clinical)	<input type="checkbox"/>	Mental health (Outreach)	<input type="checkbox"/>	Projects (Client feedback, input development)	<input type="checkbox"/>
Case work (Foster Care)	<input type="checkbox"/>	Autism Centre	<input type="checkbox"/>	Finance	<input type="checkbox"/>
Support work	<input type="checkbox"/>	Disability support	<input type="checkbox"/>	Records Management	<input type="checkbox"/>
Case work (Foster Care)	<input type="checkbox"/>	Business/Corporate	<input type="checkbox"/>	Marketing/PR/Event Management	<input type="checkbox"/>

Other

ACT <input type="checkbox"/>	New South Wales <input type="checkbox"/>	No preference <input type="checkbox"/>
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Monday <input type="checkbox"/>	AM <input type="checkbox"/> Hrs: _____	PM <input type="checkbox"/> Hrs: _____
Tuesday <input type="checkbox"/>	AM <input type="checkbox"/> Hrs: _____	PM <input type="checkbox"/> Hrs: _____
Wednesday <input type="checkbox"/>	AM <input type="checkbox"/> Hrs: _____	PM <input type="checkbox"/> Hrs: _____
Thursday <input type="checkbox"/>	AM <input type="checkbox"/> Hrs: _____	PM <input type="checkbox"/> Hrs: _____
Friday <input type="checkbox"/>	AM <input type="checkbox"/> Hrs: _____	PM <input type="checkbox"/> Hrs: _____

Section 3: Previous Student Placement Experience		
Position/Activities	Organisation	Dates

Section 4: How you heard about us?					
Educational institution	<input type="checkbox"/>	Marymead client	<input type="checkbox"/>	Family member or friend	<input type="checkbox"/>
Radio	<input type="checkbox"/>	Television	<input type="checkbox"/>	Flyer	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>	Social media	<input type="checkbox"/>	Other – please specify below	<input type="checkbox"/>
Other:					

Section 5: Declaration		
<ul style="list-style-type: none"> • I agree to abide by Marymead’s Code of Conduct • I agree to maintain the confidentiality of any Marymead information • The information provided in this application is accurate. I understand that any misrepresentations may be cause for rejection as an applicant for a student placement with Marymead or termination of a student placement • I understand that this is an application for and not a commitment or guarantee of a student placement opportunity • I understand that information contained on my application will be verified by Marymead • I understand that all medical and personal information provided will be treated as confidential • I agree to Marymead taking and using photographs or footage of me for promotional purposes only Yes <input type="checkbox"/> No <input type="checkbox"/> 		
Signature:	Print Name:	Date:

**** Call the free Translating and Interpreting Service (TIS) on 131 450.**