

## WORK EXPERIENCE & VOLUNTEER REGISTRATION FORM

### WORK EXPERIENCE / VOLUNTEER DETAILS

Surname:	First Name:
Home Address:	
Telephone Number:	
Next of Kin Name:	Telephone Number:

### TYPE OF WORK TO BE UNDERTAKEN

Please tick appropriate box

Work Experience
  Other Voluntary

Details of work undertaken on a voluntary basis:

School / Functional Unit:		
Period of work experience or voluntary assignment:	From:                    /   /	To:                                /   /

### WORKING WITH CHILDREN AND/OR VULNERABLE PEOPLE, IF APPLICABLE

Does the work experience or volunteer work involve working with children and/or, in ACT, vulnerable people? Please X appropriate box. For assistance seek advice from People and Capability (via [Service Central](#)) regarding the requirements of the relevant state or territory.

Yes. Declaration below to be completed & signed by the Work Experience Student or Volunteer
  No. Declaration not applicable

If yes is checked above, the Work Experience Student or Volunteer must provide the information requested below and sign the declaration to indicate acceptance of ACU conditions in relation to working with children and/or vulnerable people:

My current working with children (vulnerable in the ACT) check clearance details are:  
 Name on card / clearance: ..... Number: ..... State/Territory: .....  
 Expiry date: .... / .... / .... Date of Birth: .... / .... / .... (required for validation of clearance)

I acknowledge that acceptance of this registration and any subsequent offer of Work Experience or Volunteer Work made by ACU is subject to satisfying the relevant state or territory requirements in relation working with children and/or vulnerable people.

I agree that I will NOT commence Work Experience or Volunteer Work with ACU until ACU has confirmed that relevant state or territory requirements in relation working with children and/or vulnerable people have been satisfied.

Signature of Work Experience Student or Volunteer: \_\_\_\_\_ Date:                                /   /

<b>SIGNATURES OF WORK EXPERIENCE STUDENT OR VOLUNTEER AND SUPERVISOR:</b>	
Signature of Work Experience Student or Volunteer:	Date:        /    /
Signature of Nominated Supervisor:	Date:        /    /
Supervisor's Name	Ext No:
<b>APPROVAL</b>	
Signature of Member of the Executive:	Date:        /    /
<b>UNIVERSITY AND WORK EXPERIENCE STUDENT / VOLUNTEER RELATIONSHIP</b>	
<p>ACU appreciates the contribution to its work made by work experience students and volunteers. There are some aspects of the relationship of work experience students or volunteers to the University which should be clear to all parties involved. These are set out below:</p> <ol style="list-style-type: none"> <li>There will be no monetary or material compensation for services provided by work experience students and volunteers.</li> <li>The term of appointment of a work experience student or volunteer is normally for a finite identified period.</li> <li>Work experience students and volunteers must abide by University policies and procedures.</li> <li>The University's <a href="#">Privacy Policy</a> sets out details on how personal information collected on this form will be used and disclosed.</li> <li>If the work experience or volunteer work involves working with children or vulnerable adults, the work experience student or volunteer:               <ol style="list-style-type: none"> <li>must familiarise themselves with the University's <a href="#">Safeguarding Children, Young People and Adults Policy and Procedures</a>; and</li> <li>should undertake the University's Online Module on Child Safe Organisations. The module is available on the 'My Learning' homepage on the <a href="#">Professional Learning Hub</a>.</li> </ol> </li> <li>A volunteer will be covered by the University's Insurance Policy during the period of the voluntary work. A work experience student must be covered by their educational institution for insurance purposes and is required to provide evidence of insurance cover.</li> <li>The University should be notified if a volunteer wishes to conclude his or her arrangement with the University. Alternatively, the University has the right to end such an arrangement at any time.</li> </ol>	
<b>ATTACHMENTS CHECKLIST</b>	
<input type="checkbox"/> For a work experience student, evidence of insurance cover by their educational institution for insurance purposes.	
<input type="checkbox"/> For work which involves working with children and/or, in ACT, vulnerable people a working with children or vulnerable people clearance (certified copy).	

Please submit a copy of this completed form to [Service Central](#) via the general enquiry form.

<b>PEOPLE AND CAPABILITY USE ONLY</b>			
CHECKED BY P&C ADVISORY SERVICE:	<i>Signature</i>	DATE:	/  /
IF APPLICABLE, VALIDATE WORKING WITH CHILDREN / VULNERABLE PEOPLE CLEARANCE	<i>Signature</i>	DATE:	/  /
NOTES			