



Student Placement Application Form

Please complete this form and submit to our application portal along with your resume, cover letter and other associated documents <https://icg.asn.au/get-involved/student-placements> For assistance please email recruitment@icg.asn.au

Privacy	<i>Personal information on this form is needed to enable Interchange Gippsland to assess you as a candidate for placement. If you decide not to provide the necessary information, then your application for placement with Interchange Gippsland will not be processed. Interchange Gippsland may retain your personal information on its database for future reference.</i>				
	Interchange Gippsland uses photographs, audio and/or video recordings for staff identification and to promote and report on programs and services we offer. We use photographs and/or video recording in a number of mediums which include:				
	<ul style="list-style-type: none"> Newspaper and Television Website Staff Identification card 	<ul style="list-style-type: none"> Newsletters Promotional banners Staff Profile sharing 	<ul style="list-style-type: none"> Brochures Social Media 		
	I authorise Interchange Gippsland to use photos of me. Please tick the box to indicate your consent: Yes <input type="checkbox"/>				
Personal and Contact Details	Given Name		Surname		
	Street Address				
	Suburb	State	Postcode	Country (if Not Australia)	
	Home Number		Mobile Number	Work Number	
	Preferred Email Address			Date of Birth	
Zero Tolerance	<p><i>Interchange Gippsland is a 'Child Safe' organisation and we are committed to the safety and wellbeing of all participants accessing our services. We act without hesitation to ensure a safe environment is maintained at all times. Interchange Gippsland takes a zero tolerance approach towards all forms of abuse and strives to exceed the obligations under the department's code of conduct for disability workers.</i></p> <p><i>As a result, we require all applicants to undergo thorough screening processes as outlined in the relevant Position Description.</i></p>				
Education & Training	Name of Learning Institution:				
	Course Name &/or Year Level:				
	Course Co-ordinator:			Phone:	
				Email:	
	Length of Placement:			Actual Days:	
	Dates of possible commencement:				
	Reasons for Placement:				
<p><i>All employees at Interchange Gippsland are required to complete NDIS Worker Orientation Module 'NDIS Quality, Safety & You' training at https://training.ndiscommission.gov.au/</i></p> <p>Do you have NDIS Quality, Safety & You training certificate: Yes <input type="checkbox"/> No <input type="checkbox"/></p>					

(Ensure you upload certificates, transcripts or evidence with your application)

Language & Nationality	Do you identify as Aboriginal or Torres Strait Islander: Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
	Are you an Australian / New Zealand citizen or Permanent Resident: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, visa type: Details of work conditions: Issue Date: _____ Expiry Date: _____
	Languages other than English (including Auslan and Finger Spelling):
Required Checks <i>(Ensure you upload copies of your relevant checks if available with your application)</i>	NDIS Worker Screening Check: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Please provide your Worker screening ID number: Employee Working with Children Check (WWCC): Yes <input type="checkbox"/> No <input type="checkbox"/> If 'No' for one or both, are you willing to undertake this/these checks: Yes <input type="checkbox"/> No <input type="checkbox"/> COVID-19 Vaccination (SARS-CoV-2) To work with Interchange Gippsland you are required to have a COVID-19 Vaccination status in line with the Government requirements for the Disability Services Industry. You will need to provide proof of vaccination before your start date. Do you agree to disclose this information when asked? Yes <input type="checkbox"/> No <input type="checkbox"/>
Pre-existing injuries	<i>Please disclose all pre-existing injuries, diseases or conditions of which you are aware that could affect your ability to carry out the proposed work role. Note that if you provide a false or misleading disclosure of fail to disclose, you will not be entitled to compensation in certain circumstance including the recurrence, aggravation, acceleration, exacerbation or deterioration of a pre-existing injury.</i>
	Please disclose all pre-existing injuries, diseases or conditions of which you are aware that could affect your ability to carry out the proposed role:
Referee Details	REFEREE DETAILS <i>If possible, please provide up to three referees</i>
	Referee 1: Name _____ Title _____
	Company _____ Phone 1 _____
	Phone 2 _____ Email _____
	Referee 2: Name _____ Title _____
	Company _____ Phone 1 _____
	Phone 2 _____ Email _____
	Referee 3: Name _____ Title _____
	Company _____ Phone 1 _____
	Phone 2 _____ Email _____

**Acknowledgement
& Consent**

I certify that all statements made by me on this form and attachments are correct, and that this application was prepared by me personally.

Signature of Student:

Date:

When submitting your application, please ensure this document is completed and you have included relevant documentation which will support your application:

Mandatory:

- Resume
- Application Form
- Copies of relevant Education Transcripts/certificates
- Copy of current Drivers Licence (front & Back) or other form of I.D.

**Providing the following is desired and will strongly support your application
(Mandatory for successful candidate prior to employment)**

- Working with Children's Check
- NDIS Worker Screening Number listed
- NDIS Quality, Safety & You Certificate
- COVID-19 Vaccination Record

Please upload your application and supporting documents using our application portal at <https://icg.asn.au/get-involved/student-placements/>