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| **Mudgeeraba Special School** - Volunteers Details FormPlease complete the following information. Fields in grey need your input. You can use the TAB key to quickly navigate to each field. | Date: |       |
| **CONFIDENTIAL**  |  |  |
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|  |  |  |  |
| First Names: |  | Gender: |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Family Name: |  | Date of Birth: |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blue Card Number: |  | Blue Card Expiry Date: |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Copy of Blue Card supplied: | Yes | [ ]  | No | [ ]  |  | Date of Blue Card Application:(if application in process) |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manual Handling Certificate: | Yes | [ ]  | No | [ ]  |  |  |
|  |  |  |  |  |  |  |  |
| First Aid Certificate: | Yes | [ ]  | No | [ ]  |  | First Aid Cert Expiry Date: |  |
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| Home Address: |  |
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| Mailing Address: |  |
|  | (if different from home address above, otherwise leave blank) |
|  |  |
| Home/Business Telephone: |  | Mobile Telephone: |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email Address: |  |
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| Name of Emergency Contact: |  | Relationship: |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Full Address of Contact: |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Home/Business Telephone: |  | Mobile Telephone: |  |
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| Your Medical Details: (eg. Asthma, allergic to bee stings etc…) | Symptoms and Treatment: |  |  |  |  |  |
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| Reason for application: |  |
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| List all relevant qualifications and special needs experience: |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If you have Teacher Qualifications, are you a registered teacher in QLD? | Yes | [ ]  | No | [ ]  |  | Teacher Registration No: |  |
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| Are you a Senior Teacher? | Yes | [ ]  | No | [ ]  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Do you seek employment opportunities in a Special School? | Yes | [ ]  | No | [ ]  |  | As a teacher? | [ ]  | As a teacher’s aide? | [ ]  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| What are your areas of interest / what are your personal strengths?  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| What year groups would you prefer to work with? | Prep - Y2 | [ ]  | Y3 - Y6 | [ ]  | Y7-Y9 | [ ]  | Seniors | [ ]  |  |  |  |
|  |  |  |  |  | (tick all relevant boxes of interest) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| What are your available days and times of the week? | Mon AM | [ ]  | Tue AM | [ ]  | Wed AM | [ ]  | Thu AM | [ ]  | Fri AM | [ ]  |
| Mon PM | [ ]  | Tue PM | [ ]  | Wed PM | [ ]  | Thu PM | [ ]  | Fri PM | [ ]  |
|  |  |  |  |  | (tick all relevant boxes of interest) |
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| **Please email your completed form attention to Samantha Jones at** **sjone232@eq.edu.au** |
|  |
| **Office Use Only:** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Class Placement Details: |  | Placement Date: |  |