



Inclusion Worker Application Form

This form is for people with intellectual disability who would like to apply to be an Inclusion Worker with SACID.



What is your name?



What is your date of birth?

How do you want SACID to contact you?



Email Address:



Phone Number:



Post address:



Do you have an intellectual disability? Yes No

Do you have other disabilities? Yes No

Please write what your other disabilities are:



Please answer the questions in this form. You can add more paper if you want to write more.



What are your interests and hobbies?



What are you good at?

What education or training have you had?



A large, empty rounded rectangular box for writing the answer to the question about education or training.

What jobs have you had?



A large, empty rounded rectangular box for writing the answer to the question about jobs.



What do you like about working with people?



What do you like about public speaking? Have you done it before?



Write the names of **two** people who can tell us about you and your work.
These people are called References.

1.	Name: Phone: Email:
2.	Name: Phone: Email:



When you have finished this form:

Attach it in an email: admin@sacid.org.au

Or

Post it to:



South Australian Council on Intellectual Disability, 302
South Road, Hilton SA 5033



What happens now?

We might contact you for an interview.



In the interview we will ask you things like

- Why do you want to work with us?
- What are you good at?

You can bring a support person with you to the interview if you want.