Spiral Supporting People in Respite and Lifestyle	**Employment Application Form**	**Version 1.6**

(Please Print) **Date of Application: / /**

☐ **Mr** ☐ **Mrs** ☐ **Miss** ☐ **Ms** ☐ **Other**

SURNAME: _____ **Given Names:** _____

POSTAL ADDRESS: _____

_____ **P/CODE:** ____

EMAIL ADDRESS: _____

PHONE: **(H):** _____ **(B):** _____ **(M):** _____

DATE OF BIRTH: ____ / ____ / ____

Please indicate position you are applying for:

☐ Development Worker
☐ Coordinator
☐ Office / Administration

Please list your SKILLS, HOBBIES and OTHER INTERESTS:

EDUCATION, Qualifications and training:

Employment History *including* Volunteer positions

Employer	Year	Position	Duties

Why are you interested in working for Spiral?

For Development Worker / Coordinator applicants **Why do you wish to support people who live with a disability and what strengths / passions can you bring to the role?**

REFEREES

Name / Position	Organisation and Address	Contact Phone or Mobile

EMERGENCY CONTACT

Name	Address	Contact Phone / Mobile

Do you have any pre-existing injury or medical condition that may impede the nature of the duties and responsibilities of the position for which you are applying?

☐ Yes ☐ No

If yes, please provide a brief description (or on a separate advice):

DECLARATION: I declare that to the best of my knowledge, the information I have provided in this application is true and correct	
Name:	**Signature:**