



Ipswich Assist Help Hope Support

STREETLINKS

Streetlinks Stall-holder and Volunteer Application Form
17th of June, 2015 | 8:00am - 2:00pm
Central Church, Cnr Limestone and Gordon Streets, IPSWICH

PERSONAL DETAILS

First Name: Last Name:

Organisation (if applicable):

Address: Suburb: Postcode:

Home Phone: Mobile: Work:

Email address:

EMERGENCY CONTACT DETAILS

Contact Name: Contact Relationship to You:

Contact Phone: Mobile: Work:

IMPORTANT INFORMATION

Do you experience any health issues which may affect your duties? If yes, please outline:

Special dietary requirements: (Please tick or give details)

Vegetarian Gluten Free No Dairy Other

Language(s) spoken fluently other than English:

Do you have a Blue Card for working with children: Yes No

If no, are you willing to apply for one (at no cost to you)? Yes No

PLEASE INDICATE YOUR PREFERRED ROLE/S

Stall Holder Type:

Service Provider Stall Holder – ATAPS program + Psychology services Volunteer

AND/OR Professional Role

Nurse Optometrist Hairdresser Doctor
 Ophthalmologist Acupuncture Podiatrist Counsellor/Psychologist
 Reflexologist Natural Therapist Massage Therapist Entertainer
 Beautician Other (Please Specify):

PROFESSIONAL REGISTRATION DETAILS (if applicable)

Registration Board/Association:

Contact details of Board/Association:

Registration Number or Medicare Provider Number:

PLEASE NOTE: Participating organisations are required to have public liability insurance. If you wish to be a stall-holder, please forward with your application the Public Liability Insurance details of your organisation (i.e. Certificate of Currency). Central Church insurers request that you provide a certificate of your professional indemnity insurance and/or volunteers insurance, which is applicable. Please email to paul@centralchurch.net.au or fax to: 3413 1051. Insurance is available to all parties through insurers such as Ansvr Insurance, CGU Insurance, QBE Insurance or Freeman McMurrick. When registering as a Stall Holder or Volunteer before the event, Identification will be required.

AS A VOLUNTEER, HOW WOULD YOU LIKE TO ASSIST?

Pre – Event:

- Project and Event Management team
- Donations sourcing and sorting
- Marketing and promotion
- Catering
- Set up (Tuesday 16 June 2015)

On the day:

- Site Coordination Team
- Catering
- Meet and Greet
- Pull down

PLEASE INDICATE WHAT TIME FRAMES YOU ARE AVAILABLE:

Tuesday 16 June 2015

- 9am – 12pm
- 12pm – 3pm
- Other

Wednesday 17 June 2015

- 7am – 10am
- 10am – 1pm
- 1pm – 4pm
- Other

CONFIDENTIALITY & PRIVACY AGREEMENT

The purpose of this Confidentiality Agreement is to protect confidential information obtained, kept, and pertaining to Street Links.

All paid and unpaid staff that have access to private and confidential information, have a responsibility to ensure that confidential information is not inappropriately released or taken from the program. Authorisation for the release of information must be obtained from the Project Coordinator.

Ipswich Assist/Central Church is collecting your personal information for the administration of Street Links. We will not disclose your personal information outside our organisations or to other parties unless we are required by law or you have given your consent.

The Presbyterian Church Queensland (PCQ - Central Church) acts as the host of Streetlinks 2015 and does not grant Insurance coverage, indemnity or guarantee the quality or compliance with legislation to any services that you as a service provider or stall holder provide during or in connect ion with Streetlinks. Each service provider or stall-holder has the duty to ensure that they have in place the appropriate insurance and that the services they provide are compliant with all relevant legislation.

By completing and signing this form and returning it to Ipswich Assist/Central Church, we will consider that you have given us your consent to manage your personal information in the manner described in Ipswich Assists' Privacy Policy.

ACKNOWLEDGEMENT

Please read the following statements. If submitting the application in hard copy, please sign the acknowledgement. If emailing, then by submitting the application electronically you signify you have read and accept the Acknowledgement statements.

1. I declare that the information that I have provided is true and accurate
2. I have read and understand the information kit outlining the expectations of the position and the event
3. I have read the above information and agree to abide by the terms of Volunteering Ipswich's Confidentiality & Privacy Agreement
4. I acknowledge that if successful in my application that the role that I undertake is of my own free will and that there is no financial payment
5. I will acknowledge and respect the Christian ethos of Central Church.

APPLICANT SIGNATURE:

DATE:

PLEASE FORWARD YOUR COMPLETED FORM TO:

Email: paul@centralchurch.net.au, Fax: 34131051, Post: Ipswich Assist, P.O. Box 577, Ipswich 4305
For further information please contact Paul Blake on 34131070 or 0431 527 776