# 

# Lived Experience Network

# Registration of Interest form

Your personal details

**Please complete and tick or check with an ‘X’ (by clicking over the box) the relevant boxes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name: | Click or tap here to enter text. | | | |
| Last name: | Click or tap here to enter text. | | | |
| How do you describe your gender? | Man or male  Woman or female  Non-binary  Prefer not to answer  I use a different term (please specify): Click or tap here to enter text. | | | |
| Home address:  Click or tap here to enter text.  Postcode: Click or tap here to enter text. | | | Date of birth:  Click or tap to enter a date. | |
| Postal address:  *Same as above* | Postal Address (if different from above):  Click or tap here to enter text. | | | |
| Home Phone: | Click or tap here to enter text. | | | |
| Mobile Number: | Click or tap here to enter text. | | | |
| Email address: | Click or tap here to enter text. | | | |
| Emergency contact name: | Click or tap here to enter text. | Emergency contact phone: | | Click or tap here to enter text. |
| Do you have any medical or psychological conditions that might affect your ability to volunteer?  Or anything we need to know in case of an emergency?  For example: diabetes, severe food allergy, asthma, epilepsy Yes No  (If yes please give details below and discuss at your interview.)  Click or tap here to enter text. | | | | |
| Do you need any special assistance because of a disability? Yes No  (If yes please provide details below and discuss with the volunteer coordinator.)  Click or tap here to enter text. | | | | |

Volunteering, work or study details

|  |  |
| --- | --- |
| Are you currently volunteering, working, or studying? Yes No  If you are volunteering, working or studying please describe what you are doing?  Click or tap here to enter text. | |
| Days / hours of volunteering/work: | Click or tap here to enter text. |
| Days / hours of study: | Click or tap here to enter text. |

About You

|  |  |  |
| --- | --- | --- |
| Your country of birth: | | Click or tap here to enter text. |
| Are you of Aboriginal and/or Torres Strait Islander origin? | | Yes No  Not stated |
| Are you of a Multicultural background? | | Yes No  Not stated |
| Languages you speak other than English: | | Click or tap here to enter text. |
| Are you Living in rural or remote South Australia? | | Yes No  Not stated |
| Do you need any special assistance because you are caring for someone with a disability? | | Yes No  Not stated |
| Are you a young parent? | | Yes No  Not stated |
| Do you need creche? | | Yes No  Not stated |
| If you need creche, please fill in the information below | | |
| 1. | Name of child/dependant: Click or tap here to enter text.  Age:Click or tap here to enter text. | |
| 2. | Name of child/dependant:Click or tap here to enter text.  Age:Click or tap here to enter text. | |
| 3. | Name of child/dependant:Click or tap here to enter text.  Age:Click or tap here to enter text. | |
| 4. | Name of child/dependant:Click or tap here to enter text.  Age:Click or tap here to enter text. | |
| 5. | Name of child/dependant: Click or tap here to enter text.  Age: Click or tap here to enter text. | |
| 6. | Name of child/dependant: Click or tap here to enter text.  Age: Click or tap here to enter text. | |

Your Lived Experience

**Please tick or check with an ‘X’ (by clicking over the box) or leave blank if unsure**

|  |  |
| --- | --- |
| Do you have any of the following lived experience?  Being a parent or caregiver to a person under the age of 18 years  Significant family stresses (such as contact with child and family support services,  domestic or family violence, mental health, drugs or alcohol)  Supporting family members who have been living with family stresses  Seeking or receiving help from child and family support services  Helping family members to seek help from child and family support services  Diverse cultural knowledge about what services need to be and do to be truly helpful | |
| Were in care as a child/young person  Have had your own children in care  Have a history of Trauma (for example childhood sexual abuse, domestic or family violence, victim of crime or other trauma experience)  Do you Identify as LGBTQIA+  Are a grandparent caring for grandchildren  Are a Foster carer  Are a Kinship carer | |
| How recent is your lived experience? | |
| You can select more than 1 timeframe and add information if needed | 1 – 2 years ago  Click or tap here to enter text.  2 – 5 years ago  Click or tap here to enter text.  over 5 years ago  Click or tap here to enter text.  Childhood experiences  Click or tap here to enter text. |
| Please tell us a little bit more about your lived experience and why you want to join the Lived Experience Network?  Click or tap here to enter text. | |
| Is there anything else you would like to tell us about yourself?  Click or tap here to enter text. | |

Screening

|  |
| --- |
| Volunteering with us means that you need the following checks and screenings:   * a National Police Check * a valid Working with [Children Check (WWCC)](https://screening.sa.gov.au/types-of-check/working-with-children-check#:~:text=Only%20the%20Department%20of%20Human,a%20paid%20employee%20or%20volunteer.) obtained from the Department of Human Services Screening unit   \*DHS will reimburse you for the cost. The volunteer coordinator will help you organize the screening checks. |

COVID-19 Vaccination status

|  |  |
| --- | --- |
| The Department of Human Services requires you to disclose your COVID-19 vaccination status. This direction applies to all new volunteers engaged by the department.  Please select the applicable status below.  (The [Principles of Conduct for South Australian Public Sector Volunteers](https://www.publicsector.sa.gov.au/__data/assets/pdf_file/0018/214074/20200124-Guideline-Volunteers-2.pdf#page=11) require that all public sector volunteers act in a manner consistent with any policies, procedures and guidelines of their public sector agency as a condition of the permission granted to them to act as a volunteer). | |
| I have received the first COVID vaccination dose |  |
| I have received the second COVID vaccination doses |  |
| I have received all three COVID vaccination doses |  |
| I have not yet had a vaccination, but it is my intention to in the near future |  |
| I confirm that I will not be receiving a COVID vaccination |  |

Your personal referees

We will contact these people to find out a bit more about you. It’s okay if it’s someone in our department who already knows you or a friend or family member. We need at least one referee.

**Referee 1**

|  |  |
| --- | --- |
| Name: Click or tap here to enter text. | Email or phone: Click or tap here to enter text. |
| How do you know this person?  friend  relative  employer  volunteer coordinator  other (please specify):Click or tap here to enter text. | |

**Referee 2**

|  |  |
| --- | --- |
| Name: Click or tap here to enter text. | Email or phone: Click or tap here to enter text. |
| How do you know this person?  friend  relative  employer  volunteer coordinator  other (please specify):Click or tap here to enter text. | |

Volunteer declaration – confidential

To make sure we meet our commitment to client safety, we need this information and declaration from you.

If you have any questions about this declaration, please talk to the volunteer coordinator.

|  |  |
| --- | --- |
| Have you ever been investigated or found guilty of any criminal offence, including any traffic offences not resolved by expiation? | Yes  No |
| Have you ever been dismissed or resigned from any employment or a volunteer role in response to or following allegations of improper conduct? | Yes  No |
| Have you ever been the subject of allegations or an investigation or any other process relating to alleged misconduct by you as a volunteer or an employee? | Yes  No |
| Have you ever been the subject of allegations of inappropriate conduct of a violent or sexual nature towards or in relation to anyone? | Yes  No |
| Have you ever been refused a DHS screening assessment in South Australia or in another Australian jurisdiction? | Yes  No |
| Are you a prohibited person, as identified in the *Child Safety (Prohibited Persons) Act 2016?* | Yes  No |
| Note: If you answered ‘yes’ to any of the above questions, you might be asked for more details, including any relevant documentation, before you can be placed as a volunteer. | |
| You understand that if the information in this application or declaration changes, it is your responsibility to advise the volunteer coordinator as soon as possible. | Yes  No |

I confirm and declare that to the best of my knowledge I have truthfully answered all questions. I understand that if I provide any false or misleading information I cannot start or stay on as a volunteer.

**Full Name:** Click or tap here to enter text.

**Your signature: Date:**Click or tap to enter a date. (day/month/year)

*Thanks for taking the time to register your interest in joining the Lived Experience Network. We will be in touch as soon as we can. Please note, completing the Registration of Interest Form does not mean that you are on a waiting list and will eventually be selected for LEN. The decisions for recruitment are based on the recruitment criteria listed in the* ***Terms of Reference ‘5.1.4 Recruitment criteria’***

Please give this completed form and declaration to the volunteer coordinator. They may contact you and organise a time for an interview or a chat.

The information you provide will be treated sensitively and confidentiality according to the [State Records Act 1997](https://www.legislation.sa.gov.au/LZ/C/A/STATE%20RECORDS%20ACT%201997.aspx) and the [Information Privacy Principles Instruction](http://www.archives.sa.gov.au/content/privacy-law-sa).

**OFFICE USE ONLY:** Volunteer coordinator: Proof of ID sighted

File created, stored securely and confidentially