

Application Form

Name: _____

Nickname/preferred: _____

Age: _____ D.O.B.: ____ / ____ / ____ Gender: _____

Race/ethnicity: _____

Home Address: _____

Post Code: _____

Daytime Phone: _____

Mobile: _____

Email: _____

How did you hear about the She Can mentoring role?: _____

Do you have a drivers licence and access to a car? Yes / No

Drivers License number: _____

Do you have a disability? Yes / No (If yes, please specify below)

Current Occupation: _____

Organisation: _____

Qualifications

Qualification	Institute Awarded from

Please give a brief outline of your work experience (paid and/or voluntary) and professional skills and how they may be relevant to this role:



SHE CAN

Please describe your personal skills, hobbies and interests and how they may be relevant to this role:

Please provide 2 professional references

Reference 1:

Name: _____

Relationship: _____

Title/Position: _____

Phone: _____

Email: _____

Reference 2:

Name: _____

Relationship: _____

Title/Position: _____

Phone: _____

Email: _____



Emergency contacts

Name: _____

Relationship: _____

Contact: _____

Interview and Training

You will be required to attend an interview to be considered for a mentoring role with She Can.

We will advise you of possible dates once all applications have been received and processed. There will be a full day training session for mentors prior to starting. We will notify you of this date once accepted. The session is compulsory for new mentors.

Documentation

1. Do you have a valid Working with Children Check? Y / N (Mandatory)
Expiry date: _____
2. Do you have a valid Police Clearance Check? Y / N (Mandatory)
Expiry date: _____

If you answered no to the 1 or 2, please complete an online application. Please provide us with a copy of the receipt and we will reimburse you for the cost of the application upon receiving your receipt.

For more information on how to apply visit <https://afpnationalpolicechecks.converga.com.au> or <https://wwccheck.cyp.nsw.gov.au>.

3. 100 Points of Identification – please refer to the attached guide.
4. Do you have a valid First Aid Certificate? Y / N (this is not mandatory)
Expiry date: : _____

Please bring evidence of these qualifications and certificates to your interview.

Is there any other information, which you should bring to the attention of the Project Officer which may prevent your appointment in this role?



Declaration

CORE Community Services has my permission to contact the references listed above. I understand that any omissions or misstatements made by me on this application form may be cause for my application to be declined or mentor status to be terminated. I consent to CORE Community Services to verify any information I have provided. I declare that all statements I have made on this application are true, correct and complete to the best of my knowledge. I understand that CORE Community Services, at their sole and complete discretion, may accept or decline this application.

Signature: _____ Date: _____

Print Name: _____

Please return this form along with the required documentation to:

Project Officer
Rowena Assaad
CORE Community Services
1 McBurney Road
Cabramatta NSW 2166
[E: rassaad@corecs.org.au](mailto:rassaad@corecs.org.au)

If you have any questions please call us on (02) 9727 0477

