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| **PERSONAL INFORMATION** |
| Full Name: |       |       |
|  Last | First |  |
| Address: |       |       |
|  Apartment/Unit # | Street Address |
|  |       |       |       |
|  Suburb State Postcode |
| Home Phone: |       | Alternate Phone: |       |
| E-mail Address: |       | Birth Date: |       |
|  |  |  |  |
| **PLACEMENT INFORMATION** |
| Training Institution: | Course Information: |
| I am a student at:       | I am studying:       |
| **Hours:** | **Days available:** |
| I need to complete       hours during this placement. | I am available to work on the following days:       |
| **Location:** |  |
| My preferred Mambourin locations for placement are:       |
| **Placement restrictions:**Does your training institution allow you to undertake supervised manual handling and personal care tasks as part of your placement? Yes/No       \* Please check with your training institution. Be advised we can’t take students who are not allowed to complete these tasks. |
| **EXPERIENCE, INTERESTS & HOBBIES** |
| Please list any relevant experience, and detail any interests or hobbies you have:  |
|       |
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| **EMERGENCY CONTACT INFORMATION** |
| Full Name: |       |       |
|  Last | First |  |
| Address: |       |       |
|  Apartment/Unit # | Street Address |
|  |       |       |       |
|  Suburb State Postcode |
| Home Phone: |       | Alternate Phone: |       |
| Relationship: |       |

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| **Medical Conditions**  |
| Please note any known allergies or medical conditions that may affect you during your working hours e.g. epilepsy, diabetes including management strategies and/or medication. |
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