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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: | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **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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