

TOOWOOMBA SCHOLARSHIP PROGRAM LEARNING PARTNER EXPRESSION OF INTEREST

Thank you for your interest in becoming a volunteer Learning Partner in the Toowoomba Scholarship Program. So that we can best match you to a scholarship recipient, we would appreciate some information about you.

Contact Details	
Name:	
Phone Number:	
Email:	
Address:	
How do you prefer to be contacted?	<input type="checkbox"/> Email <input type="checkbox"/> Phone

Personal Details	
Is English your first language?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is your first language?
Are you an Aboriginal or Torres Strait Islander person? <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander	
Would you consent to a Police Check (paid by St Vincent de Paul Society Qld)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education Background		Where have you studied other than school?
Name of Program / Qualification	Name of Institution	Result e.g. Certificate 3, BA

Employment Background
Are you currently working? <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Volunteering <input type="checkbox"/> Not the moment
What area / industry / type/s of work have you previously done?

A bit about you...				
Why are you interested in becoming a TSP 'Vinnies' Learning Partner?				
Do you have 1-2 hours every week or fortnight to commit to the program?	Yes		No	
If required, would you be willing to commit to 12 months?	Yes		No	
Are you available from February 2021 for at least 3 months?				
Will you be available to attend the induction session? When is your preferred time for the session? Any time during office hours. Any time after office hours Please circle your preferred day	Yes		No	
Monday Tuesday Wednesday Thursday Friday Saturday Sunday				
<i>(If you are not available, this does not prevent you from participating as we can make alternative arrangements.)</i>				
Is there anything else that you would like us to know that might be relevant when matching you to one of our scholarship recipients (e.g. hobbies, interests, skills)?				

Declaration

Privacy Statement:
 St Vincent de Paul Society Queensland collects your personal information to provide you with the Toowoomba Scholarship Program. We will use your personal information to contact you, match you with a scholarship recipient and support you through the program. We may not be able to offer you the volunteer role without this information. We may share your personal information with the program partners and with our technology service providers, including overseas. If you would like further information, see our privacy policy at: www.vinnies.org.au/privacypolicyqld

I acknowledge that I have read and agree with the Privacy Statement above and consent to the handling of my personal information in accordance with the policy.

Signature _____ Date ____/____/____

Thank you for taking the time to complete this form. Someone from St Vincent de Paul Society Qld will be in touch to discuss your expression of interest.