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APPLICATION FORM



Peer Participation Role being applied

for: _____

For more information on vacancies within NUAA please visit our website or call 8354 7333 <http://www.nuaa.org.au>.

All information collected is strictly confidential

Personal Details:

Title: _____

Name: _____

Address: _____

Suburb: _____ Post code: _____

Ph: _____ Mobile: _____

Email: _____

Date of birth : _____

Do you identify as Aboriginal or Torres Straight Islander: Yes No

Do you speak another language: Yes No

If yes what language: _____



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Please do give us as much information as possible. Whilst we try to ensure that applicants are matched to volunteering opportunities, this cannot be guaranteed.

What skills and experience can you bring to NUAA's Peer Participation Program?

(This may be work-related or gained through volunteering, training and education, personal experience as well as hobbies such as sports, music, arts & people & communication skills)

What do you hope to gain from NUAA's Peer Participation Program?? (E.g. meeting and working with new people, gaining confidence, a better understanding of the issues related to illicit drug use or just interacting with the general public & belonging to the organisation)



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Do you understand the term Peer?

Yes No

Do you consider yourself a Peer?

Yes No

Yes No

Do you have any experience of working with people who use drugs?

Yes No

Availability and time commitment

When are you looking to participate?

On a weekly basis

On a monthly basis

For one off events *(tick where appropriate)*

Are you normally available during: the morning afternoon all day



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Emergency Contact.

Can you give us the contact details of one person who you wish us to be notified in an emergency?

1. Name: _____

Address:

Suburb _____ Postcode: _____

Telephone: _____ Mobile: _____

Email _____

Relationship to you: _____

PLEASE READ & SIGN

CONFIDENTIALITY AGREEMENT:

- I understand that all the information provided above is confidential and available only to the relevant NUAA staff.
- I understand that all client and staff information and NUAA business is highly private and confidential.
- In joining the Peer Participation Program I agree not to disclose any information learned in any way to any persons outside NUAA during my involvement with NUAA or any time thereafter.
- By signing this agreement I acknowledge to have read and understood NUAA's Code of Conduct, which I hereby agree to adhere to.

Signature: _____ **Dated:** _____

If you have any difficulties completing this form please contact the Volunteering Coordinator
Tel: 02 85347320 E-mail: lucyp@nuaa.org.au.