

**APPLICATION FORM FOR COMMUNITY INFORMATION WORKERS COURSE
CHCCS416A Assess and provide services for clients with complex needs**

Applicant Details				
<i>Title</i>	<i>Mr</i>	<i>Mrs</i>	<i>Ms</i>	<i>Miss</i>
<i>First / Christian Name</i>				
<i>Family Name / Surname</i>				
<i>Date of Birth</i>		<i>Gender</i>	<i>Male</i>	<i>Female</i>
<i>Address</i>	<i>Suburb</i>			
	<i>Postcode</i>			
<i>Home Phone</i>		<i>Mobile</i>		
<i>Business Phone</i>		<i>E-mail</i>		

Agency Details			
<i>You must be volunteering at a Community Information Centre to be eligible.</i>			
<i>Agency</i>			
<i>Contact Name</i>		<i>Contact Phone</i>	
<i>Address</i>	<i>Suburb</i>		
	<i>Postcode</i>		

Where did you find out about his course?				
<i>Friend</i>	<i>Agency</i>	<i>Employment</i>	<i>Website</i>	<i>Other</i>

Do you have basic computer skills in Word Processing, Internet & Email?	Yes	No
Do you have any difficulty with the English language? <i>(Reading, Writing, or Speech)</i>	Yes	No

Police Check and Working With Children Check					
<i>Do you have the following checks? If yes, please attach a copy?</i>					
Current Police Check	Yes	No	Working With Children Check	Yes	No

Medical Conditions			
<i>We endeavour to provide support for students with special needs. Failure to indicate a disability may hinder our ability to assist you, and may incur additional costs.</i>			
Do you have any of the following medical conditions?			Yes
<i>Acquired Brain Injury</i>	<i>Hearing</i>	<i>Intellectual</i>	<i>Learning</i>
<i>Mental Illness</i>	<i>Physical</i>	<i>Vision</i>	<i>Other</i>

Signature and declaration			
I hereby declare that the information in this application is complete and accurate.			
<i>Signed</i>		<i>Date</i>	