

# i-Journey Mentor Application Form

**Complete and return to:**

Kara Huggins, Administration Officer,  
Sunshine Coast Schools Industry Links Scheme Inc (SCsILS)  
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Personal information provided on this form will be handled in a manner consistent with applicable Privacy Laws.

## Section A

Full name: .....

Any previous name(s): .....

Date of Birth: .....

Gender: Male / Female

Home Address: .....

.....

Length of time at current residence: .....

Phone: (Hm) ..... (Mob) .....

Email: .....

If you have been living at your current address for less than one year, please note your previous address:

.....

Length of time at this address: .....

Emergency contact: Name: .....

Relationship: .....

Phone: (Hm) ..... (Wk) .....

(Mob) .....

## Section B

How did you learn/hear about the i-Journey Mentoring Program?

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Have you previously applied to be a mentor or volunteer working with young people? Yes / No

If yes, which year did you volunteer and with which agency? .....

## Section C

Occupation (please circle): Employed Student Home Duties Unemployed Retired

Name of Employer: .....

Length of time with current employer: .....

Work Address: .....

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Occupation: .....

Can we contact you at work? Yes / No

Telephone (Wk):.....

Please indicate your availability for an interview.....

Please list previous employment (including positions held, name of employers and dates):

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Please list voluntary work (including position held, name of organisation and dates):

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**Section D**

What is your current relationship status? .....

Do you have any children? Yes / No

Number of children: .....

Ages of boys:.....

Ages of girls:.....

**Section E**

Volunteers may be matched with young people from a similar cultural and/or religious background.

Background (cultural/religious):.....

Languages spoken: .....

**Section F**

Do you have any health conditions or disability which may impact upon your involvement in the program? Yes / No

If yes, please specify: .....

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**Section G**

Some laws prevent people from working with young people if they have certain criminal convictions.

The 'i-Journey' Mentoring Program also seeks to protect the safety of young people by excluding applicants with certain criminal convictions.

1. Have you been arrested, charged or convicted of any criminal offence and/or have any charges pending? If yes, please specify:

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.....

2. Is there anyone a young person may have contact with whilst in your care who has been arrested, charged or convicted of any criminal offence and/or has any charges pending? If yes, please specify:

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.....

3. Do you consent to undertaking a National Criminal Record Check and Working with Children Check (Bluecard Checks)?

Yes / No

*NB. If you choose not to consent to such checks, we will not be able to consider your application. Any offer of a voluntary placement will be subject to a satisfactory NCRC and WWCC (Bluecard Check).*

**Section H**

Please name all clubs, groups or organisations to which you belong or are a member:

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Why do you want to become a mentor?

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What do you hope your friendship with a young person will achieve?

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Is your household, or other significant persons to you, supportive of you becoming a mentor? Yes / No

Please list some of your hobbies and interests which may be of interest to a young person:

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**Section I**

Do you sincerely feel you can meet the minimum commitment of 1 hour per week during each school term for up to 1 year? Yes / No

Are you anticipating any changes to your circumstances in the next year that may impact upon your match (e.g. marriage, moving residence, employment, children etc.)? Yes / No

If selected, do you agree to maintain regular contact with staff for support and supervision? Yes / No

Do you agree to participate in training? Yes / No

Do you agree to undertake a 100 Point Identity Check? Yes / No

Is there anything else that the **Sunshine Coast Schools Industry Links Scheme Inc.** (SCsILS) and **Integrated Family & Youth Service Inc** (IFYS) should know about you that would help us with assessing your application?

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**Privacy Notice and Authorisation for Release of Personal Information**

All personal information will be collected and handled by SCsILS & IFYS in accordance with our Privacy Policy.

**Collection**

The personal information (including sensitive and health information) that is collected by SCsILS & IFYS is information necessary for its functions and activities. In particular, it is necessary to:

- Assess suitability
- Establish matches
- Promote health and safety
- Promote the best interests of the child; and
- Protect the longevity of matches.

SCsILS & IFYS may request disclosure of personal information during the application and selection process and from time to time during participation in the program. If you do not provide this information, we may not be able to process your application.

Where you provide personal information about other people, you must ensure that those people are aware that this information is being collected and used by SCsILS & IFYS for its functions and activities.

**Disclosure**

Generally, your personal information will be kept in the strictest confidence. However, relevant information will be released in limited circumstances where:

- a) disclosure is consistent with the primary purposes for which the information was collected;
- b) where you have provided your consent to the disclosure of such information; or
- c) where the law otherwise requires or authorises us to disclose that information.

**Authorisation**

- I acknowledge that it is necessary for SCsILS & IFYS to collect personal information about me in order to undertake its functions and activities.
- I undertake to co-operate with the collection of personal information during the selection process and, if I am accepted into the program, as required from time to time.
- I understand that I am required to inform SCsILS & IFYS of any changes to my circumstances during involvement in the program.
- I understand that a failure to disclose personal information may result in SCsILS & IFYS refusing to accept my application or removing me from the program.
- I hereby authorise any agencies, individuals or other entities such as (but not limited to) past or present employers, educational institutions, law enforcement agencies, social services, other SCsILS & IFYS Agencies and other such entities with which I have had contact, to release any information about or relating to me and requested by SCsILS & IFYS which may be relevant to my involvement with SsILS & IFYS.
- I agree that a photocopy of this authorisation is sufficient evidence of my consent to the release of any information about or relating to me to SCsILS & IFYS.

**Optional Consent for Evaluation and Research**

From time to time, SCsILS & IFYS conducts research into its services, in order to improve and report on those services. Sometimes this research can be conducted using de-identified information, however on other occasions it is preferable for personal information to be used. By providing the consent below, you can contribute to improving the effectiveness of this research.

By circling "I agree" below, I agree to personal information (including sensitive and health information) held by SCsILS & IFYS about me being used and disclosed by SCsILS & IFYS and its research providers for the research purposes described above. I understand that research providers will be subject to confidentiality obligations and that my personal information will not be included in the published findings of that research without my further consent.

(Please circle) **I agree / I don't agree**

Name of applicant:.....

Signature of applicant:.....

Date:..../...../.....