**MAP Program: Participant Application Form**

*Please send your completed form to* *map@volunteeringact.org.au*

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| **Participant Details** |
| Full Name: | Preferred Name: |
| Preferred Pronouns: |
| DOB: |
| Contact Email: | Contact Number: |
| Address: |
| Preferred Contact Method: □ Phone □ Email |
| **Emergency Contact Details** |
| Name: | Relationship: | Contact Number: |
| **Referrer/Service Provider Details** |
| Do you access a support service or do you have a case worker? | □ Yes □ No |
| If yes, please provide their details: |
| Organisation: | Contact Name:Contact Number: |
| If no, would you like to be referred to an organisation that can support you? | □ Yes □ No |

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| **Additional Information** |
| Are you currently seeking employment?  | □ Yes □ No |
| Do you think you would benefit from improved mental health literacy? | □ Yes □ No |
| What is your highest level of education? (please tick all that apply) |
|  | Currently Completing | Completed | Specify Area of Study |
| School Certificate | □ | □ |  |
| Higher School Certificate | □ | □ |  |
| Certificate or Diploma | □ | □ |  |
| Bachelors Degree | □ | □ |  |
| Postgraduate Degree | □ | □ |  |

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| **Volunteering Information** |
| Have you volunteered before?  | □ Yes □ No |
| Are you currently volunteering? | □ Yes □ No |
| What areas do you think you may be interested in volunteering in? |

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| **Short Answer Response** |
| What attracted you to the MAP Program? |
| What are your employment goals? (This may reflect your area of study if applicable, or any skills or interests you have) |
| Are that any skills you would like to improve through participation in the MAP Program? |
| How did you hear about the MAP Program? |

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| **MAP Program Privacy Statement** |
| The MAP Program is committed to protecting your privacy in accordance with the *Privacy Act 1988* (Cth) and the Australian Privacy Principles. All information collected by the Program is done so to provide a thorough and professional service and to meet our participants' needs. The information we collect includes your name, date of birth, address, email address, and telephone number. Your information is stored securely within the MAP Program and is not accessible outside of the Program. We do not release or sell any information to any other companies or individuals without your consent. By participating in the MAP Program, you agree that your information may be provided to relevant organisations and mentors that are also involved in the program. To access your information or if you have any questions, require more information or would like to make a suggestion please contact the MAP Program team on 02 6251 4060 or at map@volunteeringact.org.au  |
| **Please confirm that you have read and understood the above Privacy Statement** |
| *I have read and understood the above privacy statement and consent to the MAP Program collecting and storing my personal information* |
| Name: | Signature: | Date: |
| **Parent/Guardian Content (required for persons under the age of 18 years)** |
| Name: | Signature: | Date: |