

Recruitment Expressions of Interest: Therapy and Family Services

Name			
Address			
	Postcode		
Telephone (voice)			
Mobile			
Email			
Geographical areas you are available to work in (please list)			
Please provide information outlining your cultural understanding / knowledge of deafness / interaction with Deaf people			
Do you have experience working in early childhood/ early intervention?	□ Yes	□ No	
If yes, which organisation/s?			
Do you have any formal qualifications in Teaching, Speech Pathology,	□Yes	□ No	
Occupational Therapy, and/or Physiotherapy?			
If yes, please list			
Are you currently on Auglen upor?	□ Voo	□ No	
Are you currently an Auslan user?	□ Yes		
If yes, please describe your level of fluency			
Have very had any Avialan Training?		NI-	
Have you had any Auslan Training?	□Yes	□ No	
If yes, please provide details			
Are you currently working?	□ Yes	□ No	
Please provide details of your previous work history (or resume)			



Do you hold a current Blue Card (eligibility to be	engaged in activities				
involving children)		□Yes	□ No		
Do you have any hobbies / personal interests or	kille (this allows us to m	atch worker and	client		
Do you have any hobbies / personal interests or skills (this allows us to match worker and client interests)					
Referees					
Name	Name				
Contact Number	Contact Number				
Laive my concept for the reference I have listed ab	ave to be contested				
I give my consent for the referees I have listed ab	ove to be contacted				
Name (please print)					
Signature					
How do we manage your information?					
Personal information collected will be used to process payments, identify clients, communicate information, collect statistics and provide services for clients.					
If you would like to access and supports or services on an anonymous basis or using a pseudonym, please tell us. If this is possible and lawful, we will take all reasonable steps to comply with your request. However, we may not be able to provide the supports or services in question if we are not provided with the personal information requested.					
Please see our privacy policy for information on how to contact us regarding your personal information, how to update your records with us and how to make a complaint about the breach of the Australian Privacy Principles.					
Please return the completed form and any copies of teaching / professional qualifications					
hr@deafconnect.org.au					
915 Ipswich Road Moorooka QLD 4105					