



MEMBERSHIP APPLICATION FORM

Your details

Name: _____

Home address: _____

State: _____ Postcode: _____

Home Phone: _____

Mobile: _____ Fax: _____

E-mail: _____

Emergency Contact Person: _____

Relationship with you: _____

Mobile: _____

Qualification:

- Registered Nurse in Australia
- Registered Nurse in China
- Personal Care Worker
- Other _____

Language spoken:

1. _____
2. _____
3. _____

Hobbies/Specialty:

- Musical Instruments Arts and Crafts
- Bingo Mahjong Dance
- Other: _____

Question:

1. Why are you interested in volunteering?
 - To improve my English language skills
 - To help and give back to the community
 - To gain volunteer experience
 - To familiarise myself with Australia's Aged Care Settings
 - To meet new people
 - Other : _____

2. Which volunteer position are you interested in?

- Registered Nurse Lecturers Group
- Activities Volunteers Group
- Nurse Consulting
- Student Placement

3. How long are you willing to volunteer for?

- Ongoing Once 1-3 months
- 3-6 months One year
- Until my circumstances change

4. What are your available times and day?

5. How did you find out about CNAA?

Payment Details:

- Cash Payment
- EFTpos Transfer

Payment for:

- Entrance Fee: \$20
- Annual Subscription Fee: \$30(Non RN)
- Annual Subscription Fee: \$50(RN)
- Donation: \$20 plus
- Group: \$30 each (each member to complete their own application form)

Privacy statement:

The CNAA is committed to protecting the privacy of information supplied by members.

Please see our privacy statement on

www.cnaai.org.au or send E-mail to

info@cnaai.org.au or call (03) 8812 2661 for

more details.



Current and Previous Working Experience			
Start Date	Finish Date	Organisation	Position

Current and Previous Volunteering Experience			
Start Date	Finish Date	Organisation	Position

Professional Referees		
	Referee 1	Referee 2
Name		
Position		
Organisation		
Contact Number		
Do you give permission for us to contact your referees? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Documentation Check List		
<input type="checkbox"/> Police Check. Exp:	<input type="checkbox"/> Visa / Residency	<input type="checkbox"/> CNAA Application Form
<input type="checkbox"/> Drivers Licence, Own Car (Y / N)	<input type="checkbox"/> Graduation Degree	<input type="checkbox"/> Statutory Declaration
<input type="checkbox"/> English Level	<input type="checkbox"/> Other related certificates	<input type="checkbox"/> Special Conditions
<input type="checkbox"/> Passport	<input type="checkbox"/> Registration Documents	

Documentation For Volunteers			
<input type="checkbox"/> CNAA Volunteer ID	<input type="checkbox"/> Nursing Home visiting record sheet	<input type="checkbox"/> CNAA Information	

Declaration
I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge.
Name:Signature:Date: