



# RADIO LOLLIPOP®

## APPLICATION FORM

Please tick your preferred hospital

Mater Children's Hospital

Logan Hospital

Gold Coast Hospital

Selections for interview will be made only from applications that have been completed in full. Please complete the application form and return it to Radio Lollipop at the address provide on the last page.

Radio Lollipop (Australia) Ltd. is committed to equal opportunities at all stages of the recruitment process. If you have difficulty in completing this application form because of disablement, the form can be completed by another person, however, it must be signed by you and made clear that it has been completed on your behalf.

### Section 1: Personal Details

Mr/Mrs/Ms/Miss First Name _____	Last Name _____
Address _____ Postcode _____	
E-mail Address: _____	
Telephone: Home _____	Work _____ Mobile _____
Occupation _____	
Are you over 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	

### Section 2: Education

Please provide details of all institutions attended and qualifications attained, including certificates, diplomas or degrees.

Name of Educational Institution	Qualification	Years Enrolled	Graduation Date

Please provide details of any skills or attributes you consider will be beneficial to Radio Lollipop and the work we do eg. Play a musical instrument, Good at craft etc.

_____
_____
_____
_____

### Section 3: Reason for Application

How did you hear about Radio Lollipop? _____
_____
_____

Have you ever been involved in Radio Lollipop in any way previously? If so, how and when. _____
_____
_____
_____

Why have you chosen Radio Lollipop as the charity you want to give your time to? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What experience/s have you had with children (including your own) also include any other experience/s you feel is relevant. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other voluntary experience(s), if any, have you had? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had and/or do you suffer from a serious illness that you feel is relevant to your application? If yes, please give details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information that you feel is relevant to your application? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any commitments that will prevent you from devoting a minimum of two hours ward visiting per week, regularly every week? This is an essential requirement to being a Radio Lollipop volunteer. Please provide details eg. Work full-time and study part-time, family responsibilities, travel for work etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 4: Referees**

Please give details of two professional people (not family) who can act as a referee for you, and their relationship to you. We will contact them regarding your application.

Name \_\_\_\_\_  
Relationship to you \_\_\_\_\_  
Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_  
Telephone: (Work) \_\_\_\_\_

Name \_\_\_\_\_  
Relationship to you \_\_\_\_\_  
Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_  
Telephone: (Work) \_\_\_\_\_

Because we are dealing with children in a hospital situation and in a position of trust, it is necessary to ask you to disclose any information concerning any convictions. All information given in this respect will be completely confidential and will only be considered in relation to this application. Failure to disclose any such information will unfortunately result in termination of your services to Radio Lollipop.

If your application is successful we will process your Suitability Card Application Form.

Do you have any convictions for an offence or offences? Yes  No

Are you currently the subject of any charge pending before any Court? Yes  No

If the answer is yes to either question, please give details and the dates. \_\_\_\_\_

### Section 5: Declaration

Please ensure you have completed all questions asked on this form and sign below.

I declare that the information provided in this application form is true and correct. I understand that any attempt to mislead or provide false information will result in an unsuccessful application to become a Radio Lollipop volunteer.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Prior to Posting, please tick off the following list:

- Read and understood information sheet
- Completed all fields in this Application form
- Completed all relevant fields in the Volunteer blue card application form
- Signed and dated Application Form
- Provided a copy of your resume

Thank you for completing this application form, please post it, your blue card application form and a copy of your resume (if available) to:

#### **Mater and Logan Volunteers**

Honorary Volunteer Co-ordinator  
Radio Lollipop  
Mater Children's Hospitals  
Raymond Terrace  
SOUTH BRISBANE QLD 4101

#### **Gold Coast**

Radio Lollipop Gold Coast  
Volunteer Application  
C/- Gold Coast Radio Centre  
Private Mail Bag 925  
GCMC QKD 9726