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TAFE SA AMEP VOLUNTEER TUTOR APPLICATION FORM

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ACCEPTANCE OF APPLICATION IS NOT AUTOMATIC We are not able to accept Centrelink applicants who require verification of their tutoring activity		
CONFIDENTIAL DATE:		
<u>Please note that a Police Screening Check is a State Government mandatory requirement, and all successful applicants will be expected to comply.</u>		
Mr Mrs Miss Ms		
Surname: First N	lame:	
Middle Name: Citizenship/Residency:		
Address: Post Code:		
Email:	D.O.B.:	
Phone (H): (W): (I	Mob):	
Present Occupation: Past Occupation(s):		
Educational Level: Primary Secondary Technical	Tertiary	
Please state why you are interested in becoming a Volunteer Tutor.		
Do you hold a valid Department of Human Services (DHS) Working With Children Check (WWCC) Please attach a copy to your application.		
(1) How did you hear about the Volunteer Tutor Scheme?		
(2) Have you done any voluntary work before? If yes, please specify below	/: Yes No	
(3) Have you had any experience with migrants?	Yes No	
(4) Are you able to undertake the training course plus additional tutor meetings during the year? Yes		
(5) Which mode of delivery for training do you prefer? (Please tick preference	ce)	
Study the training course on-line via the Internet, with the ongoin	g support of a trainer via email.	
Five compulsory face-to-face training sessions at Adelaide City Campus		

Five compulsory face-to-face training sessions at Salisbury Campus

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(6)	Are you able to spend 2 hours a week tutoring your student, plus preparation and travelling time?	Yes No
(7)	Are you going to be available as a volunteer tutor for a minimum of six months?	Yes No
(8)	Do you have your own car?	Yes No
(9)	Are you willing to drive up to 20 minutes to a student each week?	Yes No
(10) (Rep	Will you be able to give Volunteer Tutor staff regular updates on your tutoring each month? orting is essential and electronic Activity Records will need to be submitted by the 2 nd day of each month)	Yes No
(11)	Do you think that your language skills (including spelling and writing) are sufficient to help a student lear	n English?
		Yes No
As w	e have a responsibility to protect students and tutors as far as possible, would you please answer q	uestions 12 – 16
(12)	Is your accent clear enough for others to understand?	Yes No
(13)	Do you have a disability and/or medical condition which may affect your ability to travel to the student's house and/or affect your ability to tutor? (for example impaired sight / hearing/ mobility) If yes, please specify:	Yes No
(14)	Are you on medication that may affect your ability to tutor? If yes, please specify:	Yes No

(16) Please provide the names, email addresses and telephone numbers of two professional referees, from where confidential reports may be obtained: (where possible one professional referee must be work or volunteer related)

PLEASE DO NOT PROVIDE FRIENDS OR FAMILY MEMBERS AS REFEREES.

NAME:	NAME:
EMAIL ADDRESS:	EMAIL ADDRESS:
RELATIONSHIP:	RELATIONSHIP:
TELEPHONE:	TELEPHONE:

PRIVACY STATEMENT:

I hereby allow AMEP to use the information above for work related purposes. I understand that all personal information collected, used or disclosed by AMEP is confidential and is protected by the Privacy Act 1998, the Public Service Act 1999 and other legislation.

PRINT NAME:

DATE:

Please return via email: volunteertutor@tafesa.edu.au

OR post to:

Volunteer Tutor Scheme, AMEP TAFE SA, 120 Currie Street Adelaide SA 5000

Phone: (08) 7210 3566

The Adult Migrant English Program (AMEP) is funded by the Australian Government Department of Home Affairs. In South Australia, the AMEP is delivered by TAFE SA English Language Services.

tafesa.edu.au

RTO CODE: 41026 | CRICOS CODE: 00092B | HEP CODE: PRV14002