



# ILLAWARRA CANCER CARERS<sup>INC</sup>

Celebrating  
30 years in  
2020

**PO BOX 1659  
WOLLONGONG 2500**

**Patron: Professor P Clingan OAM  
CHARITY NO CFN 11485  
ABN 46 419 129 574**

**PRESIDENT**

Geoff Failes

Phone (02) 4271 5226

**SECRETARY**

Audrey Walsh

Phone (02) 4229 8872

**TREASURER**

David Berry

Phone (02) 4271 3376

[www.illawarracancercarers.org.au](http://www.illawarracancercarers.org.au)

2020

Dear

Thank you for your interest to become a Member of the Illawarra Cancer Carers. I am enclosing the necessary forms for you to fill in. Please do not send your membership fee of \$25 with your application form but bring it with you to the interview. This will cover your membership from when you are interviewed to 30 June 2022 inclusive.

You will notice that you have two sets of documents to fill in regarding the necessary Police Check. As it will be necessary for you to present your original documents in order to establish your Identification Check the following procedure will be followed with your application.

1. please return our Application Form and Register of Talent
2. hold on to the six pages (Appendices 4 and 5), required for a police check
3. shortly after our receipt of your documents, you will be contacted so a convenient time can be arranged for your interview
4. bring all the police check forms to your interview and check carefully on Appendix 5 c) so you know which original documents to bring with you. These can then be verified for your Police Check. They will be photocopied and returned to you at your interview
5. please remember to bring to your interview details of referees we can contact
6. after your Police Check is cleared you will be notified

All other relevant information regarding the Illawarra Cancer Carers will be given to you at the interview.

Yours sincerely

Audrey Walsh  
Secretary

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PO BOX 1659  
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PATRON: PROFESSOR P CLINGAN OAM  
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# APPLICATION

Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

How did you hear about the Cancer Carers? \_\_\_\_\_

\_\_\_\_\_

Why do you want to be a Cancer Carer? \_\_\_\_\_

\_\_\_\_\_

Volunteer History: \_\_\_\_\_

\_\_\_\_\_

Any relevant health details that might affect your service: \_\_\_\_\_

\_\_\_\_\_

Personal/Family commitments: (eg School children? Canteen?) \_\_\_\_\_

\_\_\_\_\_

Are you presently in full-time employment? \_\_\_\_\_ YES/NO/PART-TIME

Occupation/Work Experience: \_\_\_\_\_

\_\_\_\_\_

Are you a student? \_\_\_\_\_ Yes/No

Do you speak another Language? \_\_\_\_\_ Yes/No

Please state: \_\_\_\_\_

Do you have your own transport? \_\_\_\_\_ Yes/No

Are you currently caring for someone who is sick/dying? \_\_\_\_\_ Yes/No

*Please fill in the reverse side of this form*

Have you suffered a recent loss: \_\_\_\_\_ Yes/No

Applicants who have suffered a recent loss (within the last year) are encouraged to initially join the Cancer Carers in work unrelated to direct patient care in the hospital.

As a member of the Illawarra Cancer Carers, I would be happy to volunteer my services as indicated below: (Please Tick those areas you are able to be involved)

- Volunteer Driver
- Volunteer bus Driver (Light Rigid Licence [LR] or greater required)
- Sewing/Craft Group
- Patient Care
- Market Day Stalls
- Functions-helper/organiser
- Sausage Sizzles
- Lymphoedema Group
- Christmas Gift Wrapping
- Raffle Ticket Selling
- Cooking for Market Stalls
- Gift Wrapping

I understand that if I work directly with patients, I will be required to undertake training courses. Resource Library volunteers will also be required to undertake training in library procedures.

In the event of my admission as a member, I agree to be bound by the constitutional rules of the association.

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

After we have received your application for membership, a member of the Committee of the Illawarra Cancer Carers will contact you to arrange an interview. Following the interview, the Illawarra Shoalhaven Local Health Network will then undertake a Police Check. Once this has been cleared you will be contacted to undertake your training in the area in which you wish to work.

**Please Note:**

***Applicants are required to produce at the interview: original documents listed in attached Appendix 5 (c), as well as name, telephone number and position of two referees***

The Illawarra Cancer Carers Inc reserves the right to accept or decline applicants (without giving reasons), to join the Illawarra Cancer Carers.

***Please forward your application form and attached skills form to:***

The Registrar  
Illawarra Cancer Carers Inc  
PO Box 1659  
WOLLONGONG 2500