



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



**PO BOX 1659  
WOLLONGONG NSW 2500**

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

<b>PRESIDENT</b>	Narelle Langridge	Phone 0414 280 127
<b>SECRETARY</b>	Vera Rupa	Phone 0413 548 983
<b>TREASURER</b>	Robert Lupton	Phone 0411 123 453

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

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 at this stage with your application form, but bring \$10 (1 years membership) with you to the interview. This will cover your membership from when you are interviewed to 30 June 2025 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 your Application Form.
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. Please bring all the Police Check forms to your interview and check carefully on Appendix 5c 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  
Committee Member (Memberships)  
[walshaudrey00@gmail.com](mailto:walshaudrey00@gmail.com)  
0412 421 850

encls



Please support the Illawarra Cancer Carers by donating using this QR code.



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# APPLICATION

Name: \_\_\_\_\_ DOB \_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

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

You may be required at the behest of the (ISLHD) Wollongong Hospital to have inoculations, should you choose to volunteer in the hospital system.

*Please fill in the reverse side of this form*



Please support the Illawarra Cancer Carers by donating using this QR code.

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
- Palliative Care
- Patient Care at Cancer Care Centre
- Patient Care at C7 Ward
- Market Day Stalls
- Functions - helper/organiser
- Sausage Sizzles
- Lymphoedema Group
- Christmas/Mothers' Day Gift Wrapping
- Raffle Ticket Selling

I understand that if I work directly with patients, I will be required to undertake training courses.

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 District 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 to:***

Memberships  
Illawarra Cancer Carers Inc  
7/15 Hillcrest Street  
WOLLONGONG NSW 2500

or email to: walshaudrey00@gmail.com



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