

Voluntary Work Request for Organisation Approval

Purpose of this form

The information on this form is collected for the purpose of approving 'not for profit' community organisations who wish to engage job seekers undertaking voluntary work as part of their mutual obligation requirements. The information will be stored on a Centrelink data base.

To be approved, the organisation must be:

- not for profit
- community based, with appropriate insurance cover **OR**
- any government sector agency.

Please return this form as soon as possible to one of our service centres.

Note: If the necessary supporting documentation is not provided with this form, your request cannot be approved.

1 Service centre

2 Postal address

Postcode

Organisation to complete

3 Is this a new request for organisation approval or an update to details for a previously approved organisation?

New request

Update to details


4 Is your organisation a Government organisation (for example, a school or hospital)?

No *Go to next question*

Yes *Go to 7*

5 Is your organisation a 'not for profit' organisation?

No  Your organisation is not eligible for approval.
Do NOT complete this form.

Yes  **Note:** Documentation proving that your organisation is 'not for profit' **must be provided.**

The following are accepted as proof of 'not for profit' status:


- evidence of membership of a state, territory or regional volunteer centre, **or**
- Articles of Incorporation or Certificate of Incorporation or constitution, **or**
- verification that your organisation is a charitable trust.

6 Please read this before answering the following question.

'Appropriate' insurance includes public liability cover of at least \$5 million, as well as personal accident/voluntary workers cover. There is no minimum amount of personal accident/voluntary workers insurance to be held, and organisations should seek professional advice in determining what level of cover is appropriate.


Does your organisation have current appropriate public liability and personal accident/voluntary workers insurance?

No  Your organisation is not eligible for approval.
Do NOT complete this form.

Yes  **Note:** Copies of Insurance policies (for example, Certificate of Currency) **must be provided.**

7 Are you seeking approval (or providing updates) for more than one office or branch?

No *Go to next question*

Yes  Please complete Questions 8–21 for each branch you are seeking approval (or providing updates) for. Copy pages 1 and 2 as many times as necessary.

8 Organisation name

9 Organisation permanent address

Postcode

10 Organisation postal address (if different to above)

Postcode

11 Organisation contact person

Mr Mrs Miss Ms Other

Full name

Position held



CLK0SU461 1709

12 Organisation contact details

Phone number ()

Fax number ()

Email

@

Website

13 Postcode(s) of areas serviced

14 What type of voluntary work position(s) do you have available?

Note: Voluntary work positions cannot replace a paid position and should provide the job seeker with the opportunity to gain skills which will directly improve their employment prospects.

15 Would you be prepared to accept direct referrals from us?

No **Go to 22**

Yes **Go to next question**

16 Please read this before answering the following questions.

Questions 17 to 21 are to assist our staff in making appropriate referrals.

17 Do you have disabled access?

No

Yes

18 What public transport is available?

19 What parking is available?

20 What are your opening hours?

21 Other relevant information

If you need more space, attach a separate sheet with details.

22 Statement

- the information I have provided in this form is complete and correct.
- paid positions are not being replaced by the use of volunteers.
- I will advise the Australian Government Department of Human Services **within 14 days** if our insurance circumstances change or if our insurance expires.

I understand that:

- details may be verified with or provided to other agencies such as the Department of Employment and the Department of Social Services where required by law or for program administration purposes.
- my organisation's approval status will be communicated to Centrelink customers.
- giving false or misleading information is a serious offence.

Your name

Signature



Date

/ /

23 Returning this form

Please return this form as soon as possible to one of our service centres, as approved voluntary work cannot commence until your organisation is approved.

OFFICE USE ONLY

Approved Not approved

Name

Phone number

()

Date

/ /