April 09

WORK EXPERIENCE / VOLUNTEER INSURANCE FORM (COMPULSORY)

Personal Details

Title	Miss	Mrs	Ms	Mrs
Surname:				
Given Name:				
Address:			***Suburb:***	
State:			***Postcode:***	
Phone:		***Mobile:***		
Email:			***DOB:***	____/____/____

Date starting: ___/___/___ Finishing ___/___/___
(if volunteering enter a date 12 months from start date)

Are you starting: (please tick) Work experience ☐
Volunteer work ☐

PAYMENT AMOUNT $50.00

TICK PAYMENT METHOD

CASH ☐ CREDIT ☐ EFTPOS ☐
Please attached receipt to completed form

APPLICANT SIGNATURE: _____

TODAYS DATE: ___/___/___

Terms & Conditions

Please be advised this is for security purposes and is a non-refundable or exchangeable charge. Cost of insurance to be evaluated on 31/12/09, after this time costs will be adjusted to accommodate insurance coverage.

Mail: RMB 999 Lady Denman Drive, Weston Creek, ACT, 2611
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