



# 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.