



Certificate IV in Volunteer Program Coordination CHC42708 APPLICATION FORM

Personal Details (Confidential)

Ms/Mrs/Mr/Other

First Name: _____ Surname: _____

Male / Female (circle)

AGE Group: 0-17 18-24 25-34 35-44 45-54 55-64 65+ (circle)

Volunteer Involving Organisation Details

Organisation Name:

Organisation Type : Eg. Health, Community Services, Tourism, Sport, Environ. Education

Address:

Phone: (W)..... (Mobile) (Fax)

E-mail:.....

Position held: **VOLUNTEER / PAID**

Hours worked / week:

How did you hear about this course?
.....

Would you identify yourself as: In receipt of Income support Aboriginal or Torres Strait Islander Experiencing a Disability Culturally and Linguistically Diverse background South Sea Islander

Before enrolling

Do you have access to an organisation or group that involves volunteers? **YES / NO**

Do you wish to apply for Recognition of Prior Learning/Current Competencies? **YES / NO**
IF YES, please contact the education unit staff.

Do you wish to undertake this program as a self paced learning exercise? **YES / NO**

Would you like to discuss your learner support needs with a trainer prior to enrolling? **YES / NO**

Would you like to be added to VQ's mailing list for information on further learning opportunities? **YES / NO**

Learner Information

I understand only authorised personnel will access/utilise this information for purposes directly relating to my participation in VQ's education.

X _____
Signature

Date



Volunteering Qld



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Units for Certificate IV in Volunteer Program Coordination

Please place a tick beside those units you wish to enrol in and indicate your preferred mode of delivery for each of the units.

NOTE – To successfully complete this qualification, you must complete a minimum of ten units, including all core units, marked (C) below. If you are undertaking this qualification through a workshop or self-paced (where Available) learning process you should discuss which units would meet your workplace needs. If you are undertaking this qualification wholly or partially through RPL you may select electives other than those listed below provided they meet qualification requirements. You will be able to discuss elective choices with your assessor.

| Unit of Competency | <i>W = Workshop; SP = Self Paced, RPL = Recognition of prior learning/current competency</i> |
|---|--|
| CHCORG525C Recruit and Coordinate Volunteers (C) | |
| HLTOHS400A Maintain OHS processes (C) | |
| CHCCS400A Work within a relevant legal and ethical framework (C) | |
| BSBWOR402A Promote Team Effectiveness (C) | |
| CHCCOM403A Use targeted communication skills to build relationships (C) | |
| TAADEL404B Facilitate Work-based Learning (C) | |
| Elective 1: | |
| Elective 2: | |
| Elective 3: | |
| Elective 4: | |

I have read the Learner Handbook including the Code of Practice and the related policies and procedures and agree to use them abide by all of them during my learning and assessment processes. I have sought clarification on any points/words, which were unclear to me. I will also seek clarification on any assessment points which are unclear to me.

X _____
Signature

Date

