



## Peer Worker Application Form

This form is for people with intellectual disability who would like to apply to be a Peer Worker with SACID.



What is your name?



What is your date of birth?

How do you want SACID to contact you?



Email Address:



Phone Number:



Post address:



Do you have an intellectual disability?  Yes  No

Do you have other disabilities?  Yes  No

Please write what your other disabilities are:



Please answer the questions in this form. You can add more paper if you want to write more.



Why do you want to be a Peer Worker?



What are some things you are good at?

What education or training have you had?



A large, empty rounded rectangular box for writing the answer to the question about education or training.

What jobs or volunteering have you done before?



A large, empty rounded rectangular box for writing the answer to the question about jobs or volunteering.



Can you tell a story about a time you had to speak up for yourself or someone else?



What do you like about working with other people?



What do you like about public speaking? Have you done it before?

Do you have time to do this job?

- Yes
- No

You will need to attend monthly meetings for this job. Please tick the days you are free.

Monday	Tuesday	Wednesday	Thursday	Friday
		X	X	

Are you able to travel to other states if you need to?

- Yes
- No



Write the names of **2** people who can tell us about you and your work. These people are called References.

1.	Name:  Phone:  Email:
2.	Name:  Phone:  Email:



**When you have finished this form:**

Attach it in an email: [admin@sacid.org.au](mailto:admin@sacid.org.au)

Or

Post it to:



SACID

302 South Road

Hilton SA 5033



### **What happens now?**

We might contact you for an interview.



In the interview we will ask you things like

- Why do you want to work with us?
- What are you good at?

You can bring a support person with you to the interview if you want.