

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?			
June 1972 M T W T F S 1 2 4				
8 9 (10)1 15 16 7 18 22 23 24 25 29 30 31				
	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 a	ıre:		





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



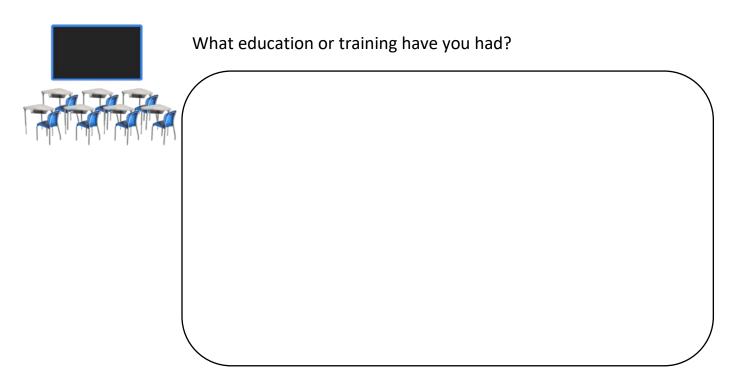
Why do you want to be a Peer Worker?



What are some things you are good at?









What jobs or volunteering have you done before?







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 tin	ne to do this job?)		
□ Yes				
□ No				
You will pood to	o attend monthly	mootings for th	is ioh Dlaasa tisk	the days you
are free.	o accend monthly	meetings for th	is job. Flease tick	tile days you
Manday	Tuesday	Mada asday	Thursday	[rido.
Monday	Tuesday	Wednesday	Thursday	Friday
		X	X	
Are you able to	travel to other st	tates if you need	l to?	
□ Yes				



 \square 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

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.

