



VIETNAM FIELD TRIP

VOLUNTEER REGISTRATION FORM

Title:	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Other		
Full name:			
Preferred name:			
Date of Birth:			
Address:			
Email:			
Telephone (provide at least one):	Mobile:	Work:	Home:
Occupation:			
Do you have a current working with children card or number?	<input type="checkbox"/> No	<input type="checkbox"/> Yes Number:	Expiry:
AHPRA Number (health professionals only)			
Can you speak Vietnamese?	<input type="checkbox"/> No <input type="checkbox"/> Yes, but not fluent <input type="checkbox"/> Yes, fluently		
Have you been on past AVCF field trips?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Please tick what area/s you can assist:	<input type="checkbox"/> Dental team <input type="checkbox"/> Medical team <input type="checkbox"/> Audiology team	<input type="checkbox"/> Physiotherapy team <input type="checkbox"/> Pharmacy team <input type="checkbox"/> Occupational therapy team	<input type="checkbox"/> Optometry team <input type="checkbox"/> Interpreter (English/Vietnamese) <input type="checkbox"/> Support staff
Please provide a brief description about yourself <ul style="list-style-type: none"> ▪ What you hope to achieve on the trip. ▪ Reason for interest in AVCF. ▪ Previous volunteer experience. 			
<input type="checkbox"/> I have read and understood the AVCF's Privacy Policy. <input type="checkbox"/> I have read and signed the AVCF's Code of Conduct form, and I understand that such adherence is a condition of my volunteer work. I understand that any violation of the Code of Conduct may be grounds for termination as a volunteer.			
Signature:.....		Date:/...../.....	

Please complete all fields

Please note: completing this form does not guarantee acceptance to the mission. Volunteer applications will be assessed and successful volunteers will be contacted regarding participation in the mission

Please email this form & Code of Conduct form to your State Representative:

NSW – Ms Phuong Dang (phuong@avcf.org.au)

QLD – Dr Chau Matthews (drchaumatthews@avcf.org.au)

WA – Dr Nguyen Nguyen (drnguyen@avcf.org.au)

Other states – Dr Nguyen Nguyen (drnguyen@avcf.org.au)