

# Finalising the peer support coordinator application checklist.

Applicant full name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Contact email: \_\_\_\_\_



### APPLICANT HAS PROVIDED -

Working With Children Check number: # \_\_\_\_\_

National Police Check certificate copy	Y	N
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Proof of identity	Y	N
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Proof of age above 18 years	Y	N
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Proof of residence	Y	N
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Completed and signed application form	Y	N
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Code of Conduct signed	Y	N
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1 professional referee	Y	N
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2 character referees	Y	N
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Driver's licence copy	Y	N
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Or other viable form of transport?	Y	N
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Commitment to required times/days/frequency	Y	N
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Confirmation of access to reliable internet	Y	N
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### ORGANISATION HAS -

Conducted applicant interview	Y	N
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Checked/interviewed applicant referees	Y	N
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Program Coordinator has provided relevant background information about the program including 'Vision, Mission and Values Statement'	Y	N
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Alcohol  
and Drug  
Foundation



Local Drug Action Team Program