



VOLUNTEER INFORMATION

**Mackay Hospital Foundation
PO Box 6011
Mackay Mail Centre 4741 QLD**

Phone 07 4885 5915

Email mhf@health.qld.gov.au

Website www.mackayhospitalfoundation.com.au

ABN 57 359 939 176

About the Mackay Hospital Foundation

Who are we?

The Mackay Hospital Foundation is a local, independent, community driven charity, providing fundraising support to the Bowen Hospital, Clermont Multi-purpose Health service, Collinsville Multi-purpose Health Service, Dysart Hospital, Mackay Base Hospital, Moranbah Hospital, Sarina Hospital and Primary Health Care Centre and Whitsunday Health Service Proserpine Hospital. We work very close with our local hospitals, but we are not part of the government and we do not receive any direct government funding.

What do we do?

The government provides essential health services but cannot pay for everything. Our objectives are to provide the extras that fall outside of government funding:

- We purchase state-of-the-art and additional medical equipment
- We support services for patients their families and hospital staff
- We support innovative health services
- We purchase all the little things that make a stay in hospital more comfortable for the patients, their families and visitors.

And this is why fundraising and donations are so important; partnering with our communities enables us to invest into our local hospital to ensure that we have the finest possible health care on our doorstep.

What makes us special?

We are a local charity and all donations are invested into healthcare close to home. All donations are 100% directed to the cause chosen by the donor and we do not keep any percentage of the donation for operational expenses. Our key income streams are a Cafe and a Trolley Service on hospital site, operated mainly by our Volunteers, which covers our administrative costs and at the same time allows us to purchase equipment for our local hospitals.

Our Vision

Our vision is to become the charity of choice for the Mackay region. We are here to fill the gap between what the government provides and the greater needs of our communities; to support our local hospitals that play such a vital part in supporting the well-being of everyone who lives and works here and visits our area.

***Thank you for becoming a Volunteer for the Mackay Hospital Foundation.
There is no gift more generous, more touching or more appreciated than
the gift of your time.***

What you can do to help:

- Library service for patients
- Trolley service for patients and staff
- Managing the Information Desk and greet and escort visitors and patients
- Administration support in the Foundation office
- Retail roles in the Cafe
- Become a member of our Playgroup Team at the Children's Ward (Blue Card required)

What we need from you

- A positive attitude
- Personal integrity
- Weekly time commitment
- Punctuality and reliability
- A desire to grow and learn – and most importantly, help

What we can offer you

- A sense of satisfaction
- An opportunity to meet other people like you having fun helping others
- A chance to build confidence and gain experience in work skills
- Social interaction with a broad range of people and cultures

POSITION DESCRIPTION

The role of the Volunteer of the Mackay Hospital Foundation is to provide a caring, efficient service for patients, families and friends and to enhance patient care at the Mackay Base Hospital.

You will report to: Volunteer Coordinator and / or General Manager, Mackay Hospital Foundation

As a Volunteer you have the responsibility to:

- Be reliable
- Respect confidentiality
- Carry out the specified tasks defined in the job description
- Be accountable
- Be committed to the organisation
- Undertake tasks as requested
- Ask for support when you need it
- Give notice before you leave the organisation and hand over your identification badge
- Value and support other members of the team
- Carry out the work you have agreed to do responsibly and ethically
- Notify the organisation as soon as possible of absences
- Adhere to the organisation's policies and procedures
- To provide a volunteer service in areas of need throughout the hospital
- To abide by rules of confidentiality
- To attend training as required by Queensland Health
- Wear an identification badge at all times within Queensland Health facilities. This badge will be provided to you after you have started volunteering for the organisation.

As a Volunteer you have the right to:

- Work in a healthy and safe environment
- Be interviewed and engaged in accordance with equal opportunity and antidiscrimination legislation
- Be adequately covered by insurance
- Be given accurate and truthful information about the organisation for which you are working

- Be reimbursed for out of pocket expenses (in accordance with the General Manager of the Foundation)
- Not to fill a position previously held by a paid worker
- Not to do the work of paid staff during industrial disputes
- Have a job description and agreed working hours
- Be provided with orientation/training to the organisation

Your Skills

- Ability to work as part of a team and use initiative when situations arise
- Ability to communicate with a cross section of the community
- Ability to communicate with clients who are ill, from a non-English speaking background or who may have other communication difficulties

Special Consideration

- You will be required to sign a confidentiality document
- You are required to be neatly groomed, appropriately dressed and wear closed shoes
- Any complaints should be addressed to the General Manager of the Mackay Hospital Foundation
- Incidents and Accidents must be recorded on the appropriate form, including your name. These forms are available at the Information Desk and must be forwarded to the General Manager of the Foundation
- A non-smoking policy is effective in Qld Government buildings, offices and motor vehicles

Volunteers are often the first people that arriving patients and visitors see. Neat and appropriate clothing, and closed in comfortable footwear are essential as Volunteers may be required to go to any department of the Hospital and walk outside on campus. (Sleeveless shirts for men, revealing clothing and open sandals are not acceptable dress, as they breach the dress standard that Volunteers at Mackay Base Hospital are expected to maintain).

The following is what the Volunteer Management Group considers to be inappropriate for Volunteer work at the Mackay Base Hospital:

- Halter, midriff or strapless tops or those with low necklines
- Miniskirts and short shorts
- Sleeveless shirts for men
- Bike pants
- Thongs/sandals
- Evidence of alcohol or drug intoxication

We will do all that we can for you to enjoy your Volunteer activities and look forward to you being part of our team, when basic details are finalised.

Volunteer Training/Orientation course

It is a requirement that all volunteers undertake a four hour training course at the Mackay Base Hospital. The training is held a number of times throughout the year and covers topics such as:

- Confidentiality and Customer Service;
- Infection Control;
- Fire safety and workplace safety;
- Manual handling; and
- Basic CPR.

Clothing

After eight weeks of Volunteering you will be given a Volunteer Corporate Shirt according to your size.

Trial Time

Your trial time as a Volunteer is three months. If you cease your volunteer work within this time, you will be asked to return your identification badge as well as your Volunteer Corporate Shirt.

What you need to do

- Complete all parts of the Application Form**
- Sign the Volunteer Agreement and Code of Conduct**
- Sign the Confidentiality Form**
- Return the papers to the Mackay Hospital Foundation using the reply paid envelope**

We look forward to having you on our Volunteer Team



MACKAY HOSPITAL
FOUNDATION

VOLUNTEER APPLICATION FORM

*Thank you for your interest in volunteering.
Please complete the application form.*

Name & Contact Details:

Name: (Mr/Mrs/Miss/Ms/other) _____

Address: _____

Telephone: _____ Mobile: _____

Email: _____ Date of Birth: _____

Preferred contact method:

Once I commence volunteering I would like to receive communications such as newsletter and volunteer rosters from the Mackay Hospital Foundation via email or post (please tick)

Emergency Contact Details

Emergency Contact Name: _____ Relationship: _____

Telephone: _____ Mobile: _____

Summary of Employment Experience (inclusive of voluntary work)

Please give contact details of a referee:

1. Referee Name: _____ Telephone: _____

Relationship to you: _____

Why would you like to volunteer?

Blue Card:

Do you have a Blue Card? Yes No (please tick)

- If you do not have a Blue Card we will ask you to complete a *Blue Card application*
- If you have a Blue Card we will ask you to complete an *Authorisation to confirm a valid card/application*

Preferred volunteer service areas (please select one or more):

- Administration (Mackay Hospital Foundation office)
- Child & Adolescent Unit Play Group (play group for children in hospital)
- Fundraising support
- Gift Shop
- Information Desk (we recommend Trolley Service volunteering prior to Information Desk volunteering, to become familiar with the hospital layout)
- Library Trolley Service (throughout patient areas)
- Trolley Service (throughout hospital complex)

How frequently would you like to volunteer?

- Weekly
- Fortnightly

Which days are you available?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

What time of the day is best for you?

- Morning
- Afternoon
- Full day

What date are you available from: _____

Additional Information

Is there any information, medical or otherwise, that you feel we need to be aware of that may affect your volunteering? Alternatively please discuss this in private with the Mackay Hospital Foundation during your volunteer interview.

How did you hear about us?

- Word of mouth
- Hospital Visit
- Foundation Website
- Internet search
- Other

Signature: _____ Date _____

**Once we have received your Volunteer Application form we will contact you.
We appreciate your patience as we may not be able to contact you immediately.**

<p>Please return to:</p> <p>Reply Paid 6011 (no stamp required) Mackay Hospital Foundation Mackay Mail Centre QLD 4741</p>	<p>OFFICE USE ONLY:</p> <p>Volunteer interview: _____</p> <p>Blue Card sighted/completed: _____</p> <p>Proposed area of volunteering: _____</p> <p>Start date & induction: _____</p> <p>Added to volunteer database: <input type="checkbox"/> ____/____/____</p> <p>Added to email distribution list: <input type="checkbox"/> ____/____/____</p> <p>Photo taken & ID tag ordered: <input type="checkbox"/> ____/____/____</p> <p>Name badge organised: <input type="checkbox"/> ____/____/____</p> <p>Access card (if required): <input type="checkbox"/> ____/____/____</p>
--	--

Telephone: 4885 5915 | Facsimile: 4885 5925 | Email: mhf@health.qld.gov.au

CONFIDENTIALITY

Mackay Health and Health Service

Under the *Hospital and Health Boards Act 2011* Volunteers have an obligation to protect the privacy and confidentiality of patients or clients at all times:

(1) A designated person or former designated person must not disclose to another person, whether directly or indirectly, any information (confidential information) acquired because of being a designated person if a person who is receiving or has received a public sector health service could be identified from the confidential information.

(2) For subsection (1), another person includes another designated person or former designated person.

(3) Subsection (1) applies even if the person who could be identified from the disclosure of confidential information is deceased.

A “**designated person**” includes employees and officers of Mackay Hospital and Health Service; temporary staff; health professionals (including Visiting Medical Officers); anyone being educated or trained at Mackay Hospital and Health Service facilities; and volunteers carrying out duties on behalf of the Department.

It follows that patients / clients should not be discussed in or about public areas including the tea rooms and dining areas.

Information about a patient / client of a health facility must not be provided to a third person without the permission of the patient / client, that permission being freely given, fully informed consent, unless specifically ordered otherwise by a court of law or Freedom of Information Decision Maker. The unauthorised and / or improper release of confidential information by a volunteer may lead to legal action being taken against the volunteer concerned, and the Health Service District as the employer.

All requests for information and /or access to information regarding a patient / client from a third party require either:

(a) Subpoena, or

(b) Written authority of the patient / client to release the information.

These requests must be referred to the Executive Director Medical Services for approval.

USE OF MASS STORAGE DEVICES

Use of all Mass Storage Devices and related portable media (such as, but not limited to CDs/DVD, USB drives, camera, and PDAs) should be ethical, legal, accountable and appropriate, and not bring Queensland Health, its employees or volunteers into disrepute.

Users of Mass Storage Devices should take appropriate actions to ensure the safety of the device and the security of the information it may hold in accordance with ‘Guideline: Management of Mass Storage Media’ (QHEPS Document number 24772).

UNDERTAKINGS

I have read the above confidentiality requirements, and I understand that if I wittingly breach such requirement(s), I could be subject to legal and disciplinary action.

Name : _____ Witness: _____

Signed: _____ Date: _____

Part D – Applicant’s details (to be completed by the applicant)

1 Title Mr Mrs Miss Ms
Other

2 Full legal name
Family name
 First name
 Middle name
 No middle name (please tick)

3 Do you have a previous name, or have you been known by any other name?
 Yes (record details below) No
 It does not matter how long ago you used the name or how long the name was used for e.g.
 • birth name • name before marriage • married name
 • alias • change by certificate • adoption
 • changed order of name
Family name
 First name
 Middle name
 If you require more space, please tick this box and attach a separate list.

4 Gender

5 Date of birth /

6 Place of birth
 Town/City
 State/Territory
 Country

7 Current postal address (within Australia)

 Postcode

8 Current residential address (if different to above)

 Postcode

9 Telephone number
 Daytime
 Mobile

10 Email

11 Do you identify as? (if applicable)
 Aboriginal Torres Strait Islander
 Aboriginal and Torres Strait Islander
 Prefer not to state

12 Previous blue/exemption card number (if applicable):
 /

13 Are you, or have you ever been a: (please tick)
 Foster or kinship carer
 Health practitioner
 Operator/supervisor/carer of a child care or education service
 Teacher

14 Applicant’s declaration
 I declare that:

- I have read the information on page 4 and I am not disqualified from applying for a blue card#;
- I am the applicant named in this form and have not omitted any names or aliases that I use or have used in the past;
- the information and identification documents provided by me for this application are true and correct and I understand it is an offence to provide a false or misleading statement or document;
- I consent to information from any police, court, prosecuting authority or other authorised agency being obtained and for the police, courts, prosecuting authority or other authorised agency to disclose any information for the purposes of assessing my eligibility to work with children including ongoing checks while my application/blue card remains current;
- I understand that the information obtained includes but is not limited to details of convictions[^] and pending or non-conviction charges* or information on the circumstances relating to offences committed or allegedly committed by me, regardless of when and where the offence or alleged offence occurred;
- I am proposing to start or continue in regulated employment and am not entitled to an exemption; and
- I understand and will comply with my blue card obligations including that I must notify Blue Card Services within 14 days if I change my name, contact details, or my child-related employment ends.

Sign inside the box.
Please do not touch or go outside the lines.

Date of signature /

Applicant’s name

Part E – Proof of identity (to be completed by the organisation)

The organisation must check **two current, original** identification documents from the applicant which collectively show the **applicant's full name, date of birth and signature**. The applicant's details on their identification documents must match the details provided in Part D.

One of the following combinations must be used: **EITHER**

List 1 + List 1 (one must show a signature)

OR

List 1 + List 2 (one must show a signature)

If one of the valid identification combinations above cannot be provided, complete and attach a *'Request to consider alternative identification'* form.

If the applicant resides more than 50km from the organisation or has a disability which affects their mobility, complete and submit an *'Confirmation of identity'* form.

Please indicate which identification documents have been sighted by placing a in the box.

LIST 1

SIGNATURE DOCUMENT

Driver licence/learner permit/proof of age card
Licence No:
Issued in the state of:

Australian Passport (current or expired in the last 2 years)

NON-SIGNATURE DOCUMENT

Birth certificate (or extract)
 Proof of Australian citizenship or permanent residency
 Overseas Passport (current)
Country of issue:

LIST 2

SIGNATURE DOCUMENT

Pension Concession card/Department of Veterans' Affairs Entitlement card/Seniors Health card/Health care card/any other current financial entitlement card issued by Department of Human Services.
 Credit card or bank card (*do not attach copy*)
 Positive Notice Blue or Exemption card
 Student identification card issued by an education institution (with photo and signature)
 Queensland Gaming Machine Licence

NON-SIGNATURE DOCUMENT

Medicare card
 Queensland crowd controller/private investigator/security officer licence
 Passbook or account statement issued by a financial institution dated in the last 6 months
 Australian taxation assessment notice dated in the last 6 months
 Queensland Licence issued under the *Weapons Act 1990*

If possible, please attach a photocopy of the documents sighted for verification purposes (excluding credit or bank cards).

Part F – Organisation declaration (to be completed by the organisation)

IMPORTANT NOTE: This section must be completed by the organisation's representative irrespective of whether or not the organisation can sight the identification above.

I declare that:

- I understand that it is an offence to provide a false or misleading statement or document;
- I am authorised to submit this application on behalf of the organisation;
- the applicant is proposing to start or continue in regulated employment and an exemption does not apply;
- I have warned the applicant that it is an offence for a disqualified person to sign a blue card application (see page 4)[#]; and
- I have either:
 - checked the details provided in this form and confirmed they match those on the identification documents sighted; or
 - delegated this responsibility to a prescribed person and have attached the *'Confirmation of identity'* form.

Note: It is an offence not to warn the applicant that it is an offence for a disqualified person to sign a blue card application.

Signature of representative

Date of signature

D D M M Y Y Y Y

Name of representative

Position of representative

Applicant's name

Privacy Notice

The Department of Justice and Attorney-General (DJAG) is collecting your personal information under the *Working with Children (Risk Management and Screening) Act 2000*. Where relevant, DJAG will disclose personal information to organisations you work for or provide services to about whether you have a current application for, or hold a current blue/exemption card; the outcome of this application which may include its withdrawal or negative notice, or if your blue/exemption card is subsequently suspended or cancelled. DJAG publishes confirmation about whether your blue card is valid. DJAG will use and disclose your personal information to assess your application for a blue/exemption card and will disclose your personal information to courts, law enforcement agencies, disciplinary or supervisory bodies or anyone you have agreed for DJAG to discuss your application with. It may also be used to contact you with more information about your application and the Blue Card process. DJAG may use electronic communication for matters of information provision and collection of data for research purposes. DJAG manages your personal information in accordance with the *Information Privacy Act 2009*.

Important information

You can withdraw your consent to screening at any time before a decision is made.

#Disqualified person

It is an offence for a disqualified person to sign a blue card application form.

A disqualified person is someone who:

- has been convicted[^] of a disqualifying offence, which includes having sex with a child (irrespective of the type of relationship e.g. teenage boyfriend/girlfriend, unlawful carnal knowledge) or other child-related sex or pornography offences or the murder of a child (irrespective of the penalty and regardless of when and where it occurred); or
- is the subject of:
 - reporting obligations or an offender prohibition order under the *Child Protection (Offender Reporting and Offender Prohibition Order) Act 2004*; or
 - a disqualification order issued by a court prohibiting them from applying for or holding a blue card; or
 - a sexual offender order under the *Dangerous Prisoners (Sexual Offenders) Act 2003*.

*Non-conviction charge means, whether a person was charged as an adult or a child, a charge: that has been withdrawn; that has been the subject of a nolle prosequi, a no true bill or a submission of no evidence to offer; that led to a conviction that was quashed on appeal; or upon which a person was acquitted or disposed of by a court otherwise than by way of conviction.





[^]Conviction/convicted means a finding of guilt by a court, or the acceptance of a plea of guilty by a court, whether or not a conviction is recorded and regardless of when and where it occurred.

A disqualified person can apply to be declared eligible to apply for a blue card in certain limited circumstances.

For more information about the blue card system and your obligations go to www.bluecard.qld.gov.au.

Application lodgement

Applications may be lodged by one of the following methods:

-  **Scan and upload**
www.bluecard.qld.gov.au/uploadform
-  **By post**
PO Box 12671, Brisbane George Street QLD 4003
-  **In person**
53 Albert Street, Brisbane QLD 4000
-  **By fax**
07 3035 5910

Part G – Payment options for PAID employees only

The application fee is GST exempt (under division 81), non refundable and subject to change.

(i) Payment is NOT required for volunteers or trainee students.

A **\$90.25** fee is required for paid employees. Please select one of the following payment methods:

Credit card—complete payment online at www.bluecard.qld.gov.au

Receipt number

Date payment made
D D M M Y Y Y Y

Cash or EFTPOS (over the counter transaction only)


Cheque/Money order—made payable to Blue Card Services (ABN 60 789 586 626)


Postal address for receipt (must be completed if the receipt is to be sent to someone other than the applicant)


Postcode


Blue Card Services, Department of Justice and Attorney-General


 Scan and upload at www.bluecard.qld.gov.au/uploadform

 PO Box 12671, Brisbane George Street QLD 4003

 53 Albert Street, Brisbane QLD 4000

 07 3211 6999 or 1800 113 611

 07 3035 5910

 www.bluecard.qld.gov.au