**Jawun Secondment Application Form**

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| **Applicant details** | | | | |
| Name: | | | | |
| Position: | | | | |
| Organisation: | | | | |
| Home base (nearest capital city): | | | | |
| Email: | | | | |
| Work phone number: | | | Mobile number: | |
| LinkedIn Profile (URL): | | | | |
| **Applicant Availability** | | | | |
| Please select the Round/s that you are available to participate in a secondment *(please refer to the relevant round dates for the current year*): | | | | |
| Round 1 | Round 2 | Round 3 | | Round 4 |
| **Mode of Secondment** | | | | |
| In-Place | Yes  No | Virtual | | Yes  No |
| **Virtual Secondment Applications only** | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | If applying for a virtual secondment, please select the hours you are available to work on the virtual secondment over the 6 weeks (*note the minimum commitment is 100 hours for virtual secondment*): | | | | | | 100-150 hours | 150-200 hours | 200-250 hours | >250 hours | Other \_\_\_\_\_ | | | | | |
| **Important Note** | | | | |
| Due to the continually evolving circumstances related to COVID-19, please be aware that your secondment may change. This may include changes to the region you are initially seconded to, the dates of your secondment and the mode of secondment. For example, your secondment may change from an in-place to a virtual secondment. Any changes required for secondment will be carefully considered and communicated as soon as practicable. By applying for a Jawun secondment you accept the potential for change as outlined above, and understand the personal flexibility and adaptability required from you. | | | | |
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| **Applicant motivation** |
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| Please explain your motivation for applying for the Jawun Secondment Program. |

| **Applicant skills** | | |
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| Please outline your top three skills: | | |
| 1. | 2. | 3. |
| A key component of secondment is the transfer of skills - which of your skills do you think are most transferrable? | | |
| 1. | 2. | 3. |

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| **Applicant skills** | | | | | | | |
| Please indicate your level of skill. ***Please leave blank*** any skills that you do not have or are not confident in. | | | | | | | |
|  | **Skill level** | | |  | **Skill level** | | |
| **Very High** | **High** | **Medium** | **Very High** | **High** | **Medium** |
| Accounting |  |  |  | Information Management - Design |  |  |  |
| Audit - Design |  |  |  | Information Management - Implementation |  |  |  |
| Audit - Implementation |  |  |  | Investment Analysis |  |  |  |
| Bookkeeping |  |  |  | IT - Implementation |  |  |  |
| Business Case writing |  |  |  | IT - Support and Training |  |  |  |
| Business Development |  |  |  | IT - Systems Design |  |  |  |
| Business Systems |  |  |  | Leadership Development |  |  |  |
| Capital Works Management |  |  |  | Legal Skills |  |  |  |
| Change Management |  |  |  | Marketing |  |  |  |
| Communications - Digital |  |  |  | Measurement & Evaluation |  |  |  |
| Communications - Visual |  |  |  | Negotiation |  |  |  |
| Communications - Written |  |  |  | Office Administration |  |  |  |
| Compliance - Implementation |  |  |  | Organisational Efficiency |  |  |  |
| Compliance - systems |  |  |  | Policies and Procedures |  |  |  |
| Continuous Quality Improvement |  |  |  | Presentation skills |  |  |  |
| Contract Management |  |  |  | Process Design |  |  |  |
| Cultural services |  |  |  | Project Management - General |  |  |  |
| Data - Analysis |  |  |  | Property - Development |  |  |  |
| Data - Collection |  |  |  | Property/Facilities - Management |  |  |  |
| Data - Management |  |  |  | Research and Analysis |  |  |  |
| Data - Reporting |  |  |  | Risk Management |  |  |  |
| Digital Communications |  |  |  | Security |  |  |  |
| Digital Optimisation |  |  |  | Service Mapping |  |  |  |
| Digital Systems |  |  |  | Stakeholder Engagement |  |  |  |
| Disability Services |  |  |  | Stakeholder Management |  |  |  |
| Environmental Management |  |  |  | Strategy - Business |  |  |  |
| Finance - Management |  |  |  | Strategy - Organisation |  |  |  |
| Finance - Systems |  |  |  | Strategy - Organisation |  |  |  |
| Fundraising |  |  |  | Training - Delivery |  |  |  |
| Governance - policy & design |  |  |  | Training - Delivery |  |  |  |
| Government Relations |  |  |  | Training - Design |  |  |  |
| Grant Writing |  |  |  | Training - Design |  |  |  |
| Health & Wellbeing |  |  |  | Training - Needs Analysis |  |  |  |
| HR - policy and process |  |  |  | Transformation - Business |  |  |  |
| HR - Systems |  |  |  | Transformation - Organisation |  |  |  |
| HR - Talent |  |  |  | User/Customer Experience |  |  |  |
| HR - Training |  |  |  | WHS - Management |  |  |  |
| Human Centred Design |  |  |  | WHS - Training |  |  |  |
| Influencing |  |  |  | Other: |  |  |  |

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| **Applicant Declaration** |
| By submitting this application, I acknowledge:   * The information provided is true to the best of my knowledge; * That any associated costs not covered by my employer will be met by myself; * I have disclosed all information that may impact my secondment; * I have received the appropriate approvals within my organisation to partake in the Jawun Secondment Program; * That, if applying for an in-place secondment I have read, understood and will comply with the Jawun COVID-19 Vaccination Policy\*; * That, if selected I will participate to the best of my ability in the Jawun Secondment Program; * That, if selected I agree to abide by any terms and conditions required for the secondment, including adherence to WHS regulations; * That, if selected, Jawun may share any information relating to discharging their duty of care regarding my care and wellbeing with my employer during the course of the secondment; * That, if selected I will participate fully in the debriefing, assessment and survey processes following the secondment; and * That in applying for a Jawun secondment I accept the potential for change to secondment as outlined in the Important Note above, and understand the personal flexibility and adaptability required.   ***\*Please refer to the Jawun COVID-19 Vaccination Policy available through your Employer’s Jawun Secondment Program Coordinator before submitting your application*** |
| Signature: |
| Date: |

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| **Organisation Approval** | |
| Name: | |
| Position: | |
| Organisation: | |
| Email: | |
| Work phone number: | Mobile number: |
| By signing this application, I approve\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to undertake a Jawun In-Place/Virtual (*please delete mode that is not applicable*) Secondment and confirm their availability for the round, mode and hours indicated where applicable. | |
| Further, I confirm during the applicant’s secondment:   * that the applicant will be working in an environment where they are required to adhere to all Organisational Workplace Health and Safety Policies * that my Organisation/or Division of releases Jawun and each of its officers, employers, and agents (each a **Jawun Party**) from any liability in respect of any injury, loss or damage our employee may suffer or incur in connection with participation in the secondment program. Furthermore, that my Organisation/Division of accepts these responsibilities for the applicant * that the applicant’s salary will be met by our Organisation/Division of * that any associated costs will/will not (delete the incorrect one) be met by our Organisation/Division of for the applicant | |
| Signature: | |
| Date: | |