



School Work Experience Application Form

STUDENT DETAILS			
First Name		Surname	
School Name		Year (e.g. 10)	
Gender Male <input type="checkbox"/>	Female <input type="checkbox"/>	Indigenous? Yes <input type="checkbox"/> No <input type="checkbox"/>	White Card? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a medical condition (e.g. asthma, type 1 diabetes, epilepsy, anaphylaxis or other allergy) or a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify:			
If yes, please provide details of the medical requirements and/or learning supports required to fulfil the duties of the nominated work experience placement.			

WORK EXPERIENCE PLACEMENT	
Preference 1	
Area of interest	Date of Placement Duration
How do you fulfil the requirements of the work experience placement?	
Preference 2	
Area of interest	Date of Placement Duration



School Work Experience Application Form

How do you fulfil the requirements of the work experience placement?

Disclaimer

- *The information provided by students and parents/carers is obtained for the purpose of coordinating a work experience opportunity for the school student.*
- *Providing this information is voluntary. However, failure to provide the information requested will impact on ability to assign student to a work experience opportunity.*
- *The information you provide will be stored securely and will only be disclosed for purposes directly related to the purpose for which it is collected.*

You may correct any personal information or obtain information regarding the status of the application by contacting the Careers Adviser at the student's school.

Checklist (please make sure you have provided the following information)

- Insurance and indemnity details of arrangements
- Student Placement Record for the employer
- Contact details of the placement officer