

**Office Use**

**Centre Placed:**

**Dates:**

**Work Placement Application Form 2018**

**PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION**

**School attending**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Year level in**: \_\_\_\_\_\_\_\_\_

**PERSONAL DETAILS**

**Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Gender:** Female / Male

**Family Name or Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Given Names (all):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Suburb / Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postcode**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does student identity as Aboriginal and/or Torres Strait Islander? Yes🞎**

**If yes, would they like to speak to an Aboriginal staff member @ Latrobe? Yes🞎**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you require a:-**

**□ Work Experience Placement (5 day/week long block)**

**Date requested: From \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

**OR**

**□ Structured Workplace Learning Placement SWL (*one day per week for duration of school term)***

**Starting date requested: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_**

**Preferred Day of the week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you studying VCE or VCAL? □ VCE □VCAL □Year 10**

**Are you undertaking VET studies: YES NO**

**Which course: ( e.g Cert II in Engineering at Fed Training, Yallourn)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In which areas do you require a placement?**

**(Please choose two and number first preference #1 and second preference #2)**

**□ Business/Administration □ Parks & Gardens**

**□ Family Services/ChildCare/Preschool □ Sport & Recreation**

**□ Arts & Culture □ Engineering**

**□ Libraries □ Tourism/Events Management**

**□ Planning & Building □ Home and Community Care (HACC)**

**□ Procurement/Finance □ Indigenous Employment**

**□ Local Laws**

**Preferred Location/Name of Centre\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Why do you want to undertake a work placement at Latrobe City?** |
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***Please ensure your school Careers adviser/Work Experience Coordinator completes the section below***

As a representative of (Name of school) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

I endorse and support this student’s application.

**Careers/VETis/Work Experience Coordinator’s Name: (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**

**Applicants signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**

***I understand that submission of this form does not guarantee an offer of a work placement***

**This completed application must be returned by email to the BBLLLEN at least 6 weeks prior to the required starting date- email to: admin@bblllen.org.au**

**For further information: contact Jenni Graham 5633 2868 or by email:** [**jenni@bblllen.org.au**](mailto:jenni@bblllen.org.au)

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