

**Work Placement Application Form**

**PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION**

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

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

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

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

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

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

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

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

**Does student identity as Aboriginal and/or Torres Strait Islander? 🞎Yes 🞎NO**

**If yes, would they like to speak to an Aboriginal staff member @ Latrobe? 🞎Yes 🞎NO**

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

**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: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

**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 department do you require a placement?** *Please note some departments are unavailable*

**□ Aged/Disability, Home/Community Care (HACC) □ Latrobe Regional Airport**

**□ Business Administration/Information Management □ Latrobe Regional Gallery**

**□ Engineering □ Libraries**

**□ Facility Maintenance □ Parks & Gardens**

**□ Finance □ Planning & Building**

**□ Indigenous Employment □ IT**

**□ Sport & Recreation □ Latrobe Performing Arts Centre**

**□ Family Services/ Child Care/Preschool □ Events Management**

**□ Family Services Administration □ Tourism**

 **Moe Place, Morwell HQ, Immunisation, MCH □ Health Department**

**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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| ***I understand that submission of this form does not guarantee an offer of a work placement*** |
| ***Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_*** |

***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: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**

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

**For further information: contact Erlinda James 5633 2868 or mobile**

**0419 298 064**