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**Work Placement Application Form**

**PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION**

**School attending: Year Level in:**

**Age: Date of Birth: / /**

**Gender:** Female / Male / Prefer not to say / Self-described:

**Given Names (all):**

**Surname:**

**Address:**

**Suburb / Town: State: Postcode:**

**Home Telephone: Mobile:**

**Email:**

**Country of Birth: Nationality:**

**Does student identify as Aboriginal and/or Torres Strait Islander? Yes No**

**If yes, would they like to speak to an Aboriginal staff member @ LCHS Yes No**

**Do you identify as having a disability? Yes No**

**Under the age of 16, 2 shots of COVID 19 vaccination required Yes No**

**Over the age of 16, 3 shots of COVID 19 vaccination required Yes No**

***Please note: All placement at Latrobe Community Health Services (LCHS) requires COVID 19 vaccinations. Students will need to show proof of vaccination as a condition of their placement at LCHS.***

**Do you require:-**

**Work Experience Placement (5 days/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 Year 10, VCE, VCEVM or VPC? Year 10 VCE VCEVM VPC**

**Are you undertaking VDSS studies? Yes NO**

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

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

* **Administration**
* **IT**
* **Business General**
* **Facilities and Fleet System**
* **Clerks and reporting records**
* **Accounting**
* **Community services**
* **Nursing**
* **Rental**
* **Health and Allied**

***ALL PLACEMENTS WILL BE AT THE LATROBE COMMUNITY HEALTH SERVICE MORWELL OFFICE***

**Note: If interested in another LCHS site please list:**

**Why do you want to undertake placement at Latrobe Community Health?**

***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 must be returned by email to the Baw Baw Latrobe LLEN at least 6 weeks prior to the required starting date. Email to:** [**schooltowork@bblllen.org.au**](mailto:schooltowork@bblllen.org.au)

**For further information, contact Erlinda James on 5633 2868 or mobile 0419 298 064**