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**Office USE BBLLLEN**

**Received: / /**

**LRH Contacted: / /**

**Approved/Declined: / /**

**School Advised:**

**WORK EXPERIENCE APPLICATION**

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| **STUDENT DETAILS** |
| **First Name:** |  | **Surname:** |  |
| **Address:** |  |
|  | **Postcode:** |  |
| **Mobile No:** |  | **Home No:** |  |
| **Email:** |  |
| **Date of Birth:** |  |

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| **SCHOOL DETAILS** |
| **School Name:** |  |
| **School Address:** |  |
|   |  | **Postcode:** |  |
| **School Phone No:** |  |
| **CAREERS ADVISOR** |
| **Name:** |   |
| **Email Address:** |   |
| **Phone No:** |   |

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| **PLACEMENT DETAILS: Please select area of interest:** |
| **Area of Interest:** | * **Allied Health** (rotation through a range of areas)Physiotherapy, Occupational Therapy, Speech Pathology, Dietetics, Social Work, Prosthetics and Orthotics and Allied Health Assistance

*\*\*Please note: We are unable to allocate students to work directly with doctors or nurses or clinical areas such as: emergency department, intensive care, the operating theatres and procedural suites and other mental health care services.* |
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| **Work Experience Dates:** **Alternate Dates****(If applicable)** | **From**: / / | **To**:  / / |
| **From**: / / | **To**:  / / |

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| **AREA OF INTEREST:** |
|  **Please provide a paragraph outlining your interest in completing work experience in the area you have selected.**

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| **COVID 19:** | **Yes/No:** |
| **Vaccination:** | All students engaged in the healthcare sector are required to be fully vaccinated for COVID-19 (2 doses for Under 18’s unless a valid exemption applies). Evidence of vaccination (or exemption) will be required to be provided prior to commencement.Are you able to meet this requirement and provide evidence?  |   |
| **Masks:** | Some settings within healthcare may require masks to be worn.Are you willing to wear a mask? |  |

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| **POLICE CHECK** | **Yes/No/NA:** |
| Students aged 18 years or older are required to participate in a National Police Check.LRH will cover the cost of the check.Are you willing to complete a Police Check if your application is successful? |   |

Please forward completed Application form to: admin@BBLLLEN.org.au

For further information please call:

Jenni Graham or Erlinda James from Baw Baw Latrobe LLEN on 5633 2868

**Please note:** Submission of the application form does not guarantee placement