**WORK EXPERIENCE APPLICATION**

**Office USE BBLLLEN**

**Received: / /**

**MPH Contacted: / /**

**Approved/Declined: / /**

**School Advised:**

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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:** | | | | |
| **Details:** | Student will spend a week rotating through the following departments and will be given an overview of the range of opportunities available for a career in the health sector:   * Administration * Ward including time with the Physiotherapist * Kitchen * Stores * Theatre including time with Theatre Technician | | | |
| **Work Experience Dates:**  **Alternate Dates**  **(If applicable)** | **From**: / / | | **To**:  / / | |
| **From**: / / | **To**:  / / | | |
|  | | | |
| **Please provide a paragraph outlining your interest in completing work experience at Maryvale Private Hospital.**   |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | | |

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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? |  |

|  |  |
| --- | --- |
| **POLICE CHECK** | **Yes/No/NA:** |
| Students aged 18 years or older are required to participate in a National Police Check.  You will be required to 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](mailto:admin@BBLLLEN.org.au)

For further information please call: Erlinda James from Baw Baw Latrobe LLEN on 5633 2868

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