**Secondary Student Work Placement Application Form**

**PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION**

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| **School Attending:** | | | |
| **Year Level:** | | | |
| **Age:** | **D.O.B:** | | **Gender:** |
| **Family Name (Surname):** | | | |
| **Given Name/s:** | | | |
| **Address:** | | | |
| **Phone Number** | | | |
| **Email Address** | | | |
|  | | | |
| **Please tick required placement**  **□** Work Experience Placement  **□** Structure Workplace Learning Placement (SWL) | | | |
| **Start Date:** | | **End Date:** | |
| **Preferred Day of the week (SWL Only):** | | | |
| **Are you studying VCE or Vocational Major?**  **□** VCE  **□** Vocational Major  **□** Year 10 | | | |
| **Are you undertaking VET studies:**  **□** Yes  **□** No  **Course name (e.g. Cert III Engineering at TAFE Gippsland):** | | | |

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| **In what area do you require a placement? (Please tick)**  □ Customer Service/Administration □ Parks & Gardens/Landscaping  □ Mechanical/Automotive □ Natural Environment  □ West Gippsland Arts Centre (Arts & Culture) - Front of House **OR** Backstage (please circle)  □ Engineering □ Health Services  □ Aged and Disability Care □ Town Planning  □ Tourism/Events management □ Procurement/Finance  □ Community/Youth Services □ Town Maintenance |
| **Why do you want to undertake a work placement with Baw Baw Shire?**  *Please give reasons why you have selected a particular department.*  *E.g. If ticked Parks & Gardens you may comment you are interested in plants and working outdoors.* |
| **I understand that submission of this form does not guarantee an offer of a work placement.**  **Applicant Signature:** |
| **Date:** |

**THE FOLLOWING SECTION IS TO BE COMPLETED BY SCHOOL CAREER ADVISOR/WORK EXPERIENCE COORDINATOR**

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| **Coordinator’s Name:** |
| **As a representative of ……………………………………………………………………………………………………………………………………………………...… (Name of school), I endorse and support this student’s application.** |
| **Signature: Date:** |

**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**](mailto:admin@bblllen.org.au)

**Baw Baw Latrobe LLEN**

**For further information, please contact our office on 5633 2868**