****

**Office USE BBLLLEN**

**Received: / /**

**LRH Contacted: / /**

**Approved/Declined: / /**

**School Advised:**

**WORK EXPERIENCE APPLICATION**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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.* | | | |
|  |  | | |
|  |  | | |
| **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? |  |

|  |  |
| --- | --- |
| **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