

Do you have a part-time or casual job?

Yes No

If yes, Name of Employer _____

Please insert the days and times that you work. Note: **most** work placement occurs from Monday to Friday between the hours of 7 am and 6 pm. OTHER COMMITMENTS THAT MAY AFFECT WORK PLACEMENT CAN BE LISTED HERE.

| Days (e.g. Mon, Wed, Sat) | Times (e.g. 4:00 to 6:00pm) |
|---------------------------|-----------------------------|
| | |
| | |
| | |

Briefly list the duties that you perform at work

CAPACITY TO TRAVEL

I depend on the school bus for travel

Yes No

I have my own vehicle

Yes No

DATES & TIMES

Please provide preferred dates and/or dates to avoid for your work placement.

Preferred dates (e.g. anytime semester 2, before October)

Dates to avoid for special circumstances (eg family holidays/representative sport etc)

Are you prepared to attend work placement during the semester breaks (if approved)

Yes No Not sure

STUDENT AUTHORISATION

(Signature of student)

(Date)

TEACHER'S COMMENTS (To be completed by your VET course teacher only).

Please rate this student in relation to the following attributes by placing a ✓ in the columns below.

| | Excellent | Above Average | Average | Below Average |
|--|-----------|---------------|---------|---------------|
| Initiative | | | | |
| Capacity to work in a busy environment | | | | |
| Personal presentation | | | | |
| Technical skills | | | | |

Please tick if applicable

ATSI

NESB

At-risk

Disability

General Comments _____

Type of preferred placement for this student, and/or skills ideally to be achieved _____

Please phone me to discuss this student's placement (✓ if required)

I believe this student to be prepared for the workplace in accordance with curriculum/syllabus and safety requirements, and is considered 'work ready' Yes No

Name of teacher

Signature of teacher

Date

Please fax or post the completed form to the appropriate Work Placement Coordinator.

STUDENT APPLICATION FOR WORK PLACEMENT

Connect work placement is a service designed to assist you in achieving quality workplacement. It is essential that we receive this application complete if we are to provide you with this assistance.

STUDENT DETAILS

Student name _____ Year (11 or 12) _____
Student's school _____ D.O.B _____ Male/Female (Circle)
Postal address _____ Home telephone _____
Email address _____ Mobile telephone _____

Details of any medical conditions or special needs of which the employer should be aware:

PARENT/CAREGIVER DETAILS

Name of parent _____ Home telephone _____
Address if different _____ Work telephone _____

COURSE DETAILS

VET course _____ School or TAFE name _____
Course teacher _____

WORK PLACEMENT DETAILS

Have you already contacted an employer about work placement? Yes No I am about to

If yes, Name of Employer _____

Employer contact person _____ Telephone _____

Has **this** work placement been confirmed by the employer? Yes No
(Only answer yes, if it relates to the work placement you are applying for)

If you have not made work placement arrangements, list the names or types of employers that you would prefer.

Preference 1. _____

Preference 2. _____

Preference 3. _____

Have you already completed some work placement hours for **this** course? Yes No No. of hours completed
_____ (e.g, 35 hrs)

If yes, name of the employer _____

List the type of experiences gained with this employer e.g. general office duties, green keeping etc.

Are you enrolled in any other VET courses Yes No

Course Name _____

_____.