

**STUDENT APPLICATION FOR WORK PLACEMENT**

*Connect Work Placement is a service designed to assist you in achieving quality work placement. 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 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female 

Student's address \_\_\_\_\_ Home telephone \_\_\_\_\_

Town/Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ Mobile telephone \_\_\_\_\_

Email address \_\_\_\_\_

Medicare No \_\_\_\_\_

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

Please tick if applicable: ATSI  NESB **PARENT/CAREGIVER DETAILS**

Name of parent/guardian \_\_\_\_\_ Home telephone \_\_\_\_\_

Address if different \_\_\_\_\_ Work telephone \_\_\_\_\_

Town/Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ Mobile telephone \_\_\_\_\_

**COURSE DETAILS**

VET course \_\_\_\_\_ School or TAFE name \_\_\_\_\_

Course teacher \_\_\_\_\_

Have you already completed some work placement hours for **this** course? Yes  No. of hours completed: \_\_\_\_\_ / No   
(e.g. 35 hrs.)Are you enrolled in any other VET courses (school or TAFE) Yes  No 

Course Name \_\_\_\_\_

**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?

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. \_\_\_\_\_

## CAPACITY TO TRAVEL

Please choose one of the following:

- I depend on the school bus for travel       I have my own vehicle       I have access to other transport

## 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 (e.g. family Holidays / representative sport etc.):

Are you prepared to attend work placement during the semester breaks (if approved): Yes  No  Not sure

Do you have a part-time or casual job? Yes  No

If yes, Name of Employer (Business name) \_\_\_\_\_

## 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 to:

Lismore Office:  
PO Box 58  
LISMORE NSW 2480  
Fax: 02 6622 8649

Tweed Office:  
PO Box 6007  
TWEED HEADS SOUTH NSW 2486  
Fax: 07 5524 9452