

**Work Placement Application Form**

**PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION**

**School attending**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Year level in**: \_\_\_\_\_\_\_\_\_

**PERSONAL DETAILS**

**Age \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Gender:** Female / Male

**Family Name or Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Given Names (all):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Suburb / Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postcode**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Do you require a:-**

**□ Work Experience Placement (5 day/week long block)**

 **Date requested: From \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

**OR**

**□ Structured Workplace Learning Placement SWL (*one day per week for duration of school term)***

**Starting date requested: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_**

**Preferred Day of the week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you studying VCE or VCAL? □ VCE □VCAL □Year 10**

**Are you undertaking VET studies: □YES □ NO**

**Which course: (e.g. Cert II in Engineering at Federation Training, Yallourn)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In which areas do you require a placement?**

□ Customer Service/Administration □ Natural Environment

□ Engineering □ Parks & Gardens/Landscaping

□ Mechanical/Automotive □ Animal Services/Local Laws

□ West Gipps Arts Centre (Arts & Culture) □ Allied Health/Community services/Aged Care

□ Planning & Building □ Tourism/Events management

□ Procurement/Finance □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Why do you want to undertake a work placement at Baw Baw Shire? (you may complete this on a separate form)** |
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***Please ensure your school Careers adviser/Work Experience Coordinator completes the section below***

As a representative of (Name of school) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I endorse and support this student’s application.

**Careers/VETis/Work Experience Coordinator’s Name: (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**

**Applicants signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**

***I understand that submission of this form does not guarantee an offer of a work placement***

**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**

**For further information please contact our office on 5633 2868 or you can email:**

**Jenni Graham** **jenni@bblllen.org.au**

**Anne Boyer** **anne@bblllen.org.au**

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