



Work Experience Application form

1. STUDENT DETAILS

Full name

Address

Phone number

Email

2. PLACEMENT TYPE

Please attach a Certificate of Currency from the educational institution).

<input type="checkbox"/> High school work experience	Year	<input type="text"/>
<input type="checkbox"/> University	Course	<input type="text"/>
<input type="checkbox"/> TAFE	Course	<input type="text"/>
<input type="checkbox"/> Other	Specify	<input type="text"/>

Do you have an existing medical condition, injury or disability that could affect your work experience placement?

Yes No If yes, please give details

3. EDUCATIONAL INSTITUTION DETAILS

Name of institution

Contact person

Phone number

Email

4. EMERGENCY CONTACT DETAILS

Name

Address

Phone number

Email

5. AREA FOR WORK EXPERIENCE

Dates of placement

Days per week

Total length of placement

Course requirement
(to be completed by work
experience placement)

6. STUDENT DECLARATION

- I acknowledge that work experience is voluntary and that I am not entitled to any form of remuneration from Mid-Western Regional Council and there is no expectation of future employment with Council.
- I will perform my duties during the placement to the best of my ability; support work health and safety and comply with all reasonable directions of the Council and its employees.
- I will be punctual and adhere to hours negotiated. If the situation arises that I am unable to attend, I will notify my Council Supervisor as soon as possible.
- If I have access during the placement to information which is private and confidential, I will not convey to any person outside the Council's workplace knowledge or information held.

Signature

Name

Date

Please forward completed form via email to workexperience@midwestern.nsw.gov.au