



2019 WORK PLACEMENT APPLICATION

Due Date:/...../..... to the VET Office Received:/...../.....

Students are to complete this form in consultation with their Parent/Guardian
All sections must be completed neatly.
Resume must be attached.

<hr/> Student's First Name	Email: _____
<hr/> Student's Last Name	Address: _____ _____
	Mobile: _____
	DOB: ___ / ___ / ___ Year Level: 11 12

www.usi.gov.au

USI Number:										
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Emergency Contact Details:

<hr/> Parent/Guardian's First Name	Email: _____
<hr/> Parent/Guardian's Last Name	Address: _____ _____
	Mobile: _____

Does your child have a disability or pre-existing illness, which needs to be considered before negotiating their work placement? NO YES

Detail: _____

Student's Anticipated Vocation: I would like to be a _____

Employment and Voluntary Work:

<hr/> Business's Name	Start date: ___ / ___ / ___ Finish Date: ___ / ___ / ___
	Duties: _____ _____ _____

PARENT / GUARDIAN CONSENT:

I, _____ (**Parent's Name**) consent to my child undertaking Workplace Learning in 2019. I consent to their Resume being forwarded to potential host employers should it be requested. I understand that until this form is fully completed and returned my child will not be allocated a work placement. I understand that my child may not be allocated one of the placements listed below.

Parent's Signature: _____ Date: ___/___/___

Student's Signature: _____ Date: ___/___/___

Student Name: _____ Home Suburb: _____	OFFICE USE ONLY: 2019 WPL Day: <input type="checkbox"/> Th <input type="checkbox"/> Fri <input type="checkbox"/> SBT <input type="checkbox"/>
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NOTE: STUDENT WILL NOT BE ALLOCATED A PLACEMENT UNTIL BOTH PAGES OF THIS FORM ARE COMPLETED, SIGNED BY A PARENT AND RETURNED TO THE VET OFFICE

TRANSPORT DETAILS: Tick ALL areas the student can get to, add other areas

- Mandurah Rockingham Pinjarra Waroona Perth City Other _____
 How will you travel to WPL? Parent Train/Bus Push Bike Own Vehicle

2019 Course/s applied for:

Training Provider/TAFE / Murdoch Uni and Location	Certificate Level	Certificate Name	Duration
Eg: SMT - Rockingham	Eg: Cert II	Eg: Plumbing (Plumbing Pre-Apprenticeship)	Eg: 2 years

STUDENT TO LIST 3 WORK PLACEMENT PREFERENCES:

(Students may be placed in a "like" business, including business location. Remember to consider transport requirements when listing preferences).

Business Name: _____ Contact Person: _____ <i>If known</i> <input type="checkbox"/> Known to the family
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Address: _____ _____ Phone: _____ _____
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Business Name: _____ Contact Person: _____ <i>If known</i> <input type="checkbox"/> Known to the family
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Address: _____ _____ Phone: _____ _____
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Business Name: _____ Contact Person: _____ <i>If known</i> <input type="checkbox"/> Known to the family
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Address: _____ _____ Phone: _____ _____
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Office Notes: _____
