



MANDURAH CATHOLIC COLLEGE VET WORK PLACEMENT APPLICATION

STUDENT DETAILS			
Name:		Due Date:	
Address:		Mobile:	
Suburb:	Post Code:	Current Year:	
Email:			

WWW.USI.GOV.AU										
USI NUMBER										

EMERGENCY CONTACT DETAILS	
Parent/Guardian Name:	
Email address:	Mobile:
Address:	

STUDENT'S HEALTH	
Does your child have a disability or pre-existing illness, which needs to be considered before negotiating their work placement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Detail:	

STUDENT'S ANTICIPATED VOCATION	
I would like to be a:	

EMPLOYMENT AND VOLUNTARY WORK	
Business Name:	
Duties:	
Start date:	Finish date:

TRANSPORT DETAILS - Tick ALL areas the student can get to, add other areas	
<input type="checkbox"/> Mandurah <input type="checkbox"/> Rockingham <input type="checkbox"/> Pinjarra <input type="checkbox"/> Waroona <input type="checkbox"/> Perth City <input type="checkbox"/> Other _____	
How will you travel to WPL?	
<input type="checkbox"/> Parent <input type="checkbox"/> Train/Bus <input type="checkbox"/> Push Bike <input type="checkbox"/> Own Vehicle	

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

STUDENT DETAILS (Office Use Only)

Name:

Suburb:

WPL Day:

COURSE/S APPLIED FOR

Training Provider/TAFE/ Murdoch Uni and Location Eg: SMIT - Rockingham	Certificate Level Eg: Cert II	Certificate Name Eg: Plumbing (Plumbing Pre-Apprenticeship)	Duration Eg: 1 year

CERTIFICATES COMPLETED

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 1

Business Name:

Contact Person:

 Contact person known to the family

Address:

Phone:

BUSINESS 2

Business Name:

Contact Person:

 Contact person known to the family

Address:

Phone:

BUSINESS 3

Business Name:

Contact Person:

 Contact person known to the family

Address:

Phone:

PARENT/GUARDIAN CONSENT

I, _____ (Parent/Guardian Name)

- Consent to my child undertaking Workplace Learning
- Understand I am responsible for arranging transport to and from the workplace
- Give permission for the College to pass on any relevant health information to the host employer if necessary
- Understand that until this form is fully completed and returned my child will not be allocated a work placement
- Understand my child may not be allocated one of the placements listed above

Student's Signature:

Date:

Parent's Signature:

Date: