

Work Placement Student Choices

Student Details

Surname: _____ Given Names: _____

Address: _____ Suburb: _____

Home Phone: _____ Mobile: _____

Date of Birth: _____ Gender: _____

VET Course: _____ VET Teacher: _____

School Name: _____ Current Year: Year 11 Year 12

Placement Details

Placement Dates: from ___/___/___ to ___/___/___ Total No. of Days: _____

Block Rolling Work Trial Work Experience Day of week if rolling: _____

Preferred Employer: _____ or Organised my own work placement with:

1. _____ Business: _____

2. _____ Contact: _____

3. _____ Phone: _____

Student Declaration

- I request Mid Coast Connect to obtain a work placement for me using the information contained on this form.
- I will phone my host employer to arrange an interview and signing of the Student Placement Record at least two weeks before the placement commences.
- I will obtain all signatures required for the Student Placement Record and return it to my school at least one week prior to my placement. I understand my placement may be cancelled if I fail to return the Student Placement Record.
- I will prepare for work placement by developing a work ready attitude, neat personal presentation and polite verbal communication skills.
- I will attend my work site each day for the required hours as indicated on the Student Placement Record.
- I will wear a name tag at my work placement when I am there unless directed otherwise by my employer.
- I will contact my host employer and school if I am late or unable to attend work placement.
- I will abide by all Work Health and Safety (WHS) policies and practices which my work placement host has in place.
- I will not discuss any private information that I am privy to during my work placement and agree that all such information is confidential.
- I will write a thank you letter to the host employer after completing my work placement.

(please tick)

I have read the above Student Declaration, I understand what it means and I accept the information & conditions.

Student signature: _____ Date: _____

Teacher Approval

From the information currently available to me, I believe that the student's work placement readiness is

Average Good Excellent Needs assistance Means of transport confirmed: Yes No

Teacher Comments: _____

Teacher signature: _____ Date: _____