



Secondary Student Work Placement Application Form

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION

School Attending:		
Year Level:		
Age:	D.O.B:	Gender:
Family Name (Surname):		
Given Name/s:		
Address:		
Phone Number		
Email Address		
Please tick required placement		
<input type="checkbox"/> Work Experience Placement		
<input type="checkbox"/> Structure Workplace Learning Placement (SWL)		
Start Date:	End Date:	
Preferred Day of the week (SWL Only):		
Are you studying VCE or VCAL?		
<input type="checkbox"/> VCE		
<input type="checkbox"/> Vocational Major		
<input type="checkbox"/> Year 10		
Are you undertaking VET studies:		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
Course name (e.g. Cert III Engineering at TAFE Gippsland):		

In what area do you require a placement? (Please tick)

- | | |
|--|--|
| <input type="checkbox"/> Customer Service/Administration | <input type="checkbox"/> Parks & Gardens/Landscaping |
| <input type="checkbox"/> Mechanical/Automotive | <input type="checkbox"/> Natural Environment |
| <input type="checkbox"/> West Gippsland Arts Centre (Arts & Culture) - Front of House OR Backstage (please circle) | |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Aged and Disability Care | <input type="checkbox"/> Town Planning |
| <input type="checkbox"/> Tourism/Events management | <input type="checkbox"/> Procurement/Finance |
| <input type="checkbox"/> Community/Youth Services | <input type="checkbox"/> Town Maintenance |

Why do you want to undertake a work placement with Baw Baw Shire?

Please give reasons why you have selected a particular department.

E.g. If ticked Parks & Gardens you may comment you are interested in plants and working outdoors.

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

Applicant Signature:

Date:

THE FOLLOWING SECTION IS TO BE COMPLETED BY SCHOOL CAREER ADVISOR/WORK EXPERIENCE COORDINATOR

Coordinator's Name:

As a representative of
(Name of school), I endorse and support this student's application.

Signature:

Date:

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

Baw Baw Latrobe LLEN

For further information, please contact our office on 5633 2868