

Tertiary Student Work Placement Application Form

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION

University/Registered Training Organi	sation:
Course Name:	
Family Name (Surname):	
Given Name/s:	
Address:	
Phone Number:	
Email Address:	
Start Date:	End Date:
In what area do you require a placen	nent? (Please tick)
Customer Service/Administration	☐ Parks & Gardens/Landscaping
│ □ Mechanical/Automotive	☐ Natural Environment
│ □ West Gippsland Arts Centre (Arts & Cult	ure) - Front of House OR Backstage (please circle)
☐ Engineering	☐ Health Services
☐ Aged and Disability Care	☐ Town Planning
☐ Tourism/Events management	☐ Procurement/Finance
☐ Community/Youth Services	☐ Town Maintenance

Why do you want to undertake work experience with Baw Baw Shire?
Please give reasons why you have selected a particular department.
I understand that submission of this form does not guarantee an offer of a work placement.
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Applicant Signature:
Date:

This completed application must be returned by email to Baw Baw Shire Council at least 6 weeks prior to the required starting date for consideration, by emailing

<u>human.resources@bawbawshire.vic.gov.au</u>