



REQUEST FOR WORK EXPERIENCE/WORK PLACEMENT

STUDENT DETAILS

Surname:	First Name:	Phone:	Age:
Address:			Postcode:
Phone (home):	Mobile:	Email:	
Any special needs/requirements:			

LEARNING INSTITUTION DETAILS – School/TAFE/University

The institution undertakes to ensure that the student is prepared for the workplace by the school to optimise the student's safety and achievement during the placement.

Name of learning institution:	
Institution Address:	
Careers advisor/contact person:	Email:
Phone:	Fax: Mobile:
Course studying:	Year of schooling:

Parent/Carer Permission (must be completed for students aged under 18 years)

Parent/Carer name:	Relationship to student:
Address:	
Phone (home):	Phone (work): Mobile:
I consent to undertaking the placement as outlined with Camden Council. The student has the following disabilities/medical conditions/allergies that may affect their safety during the work experience/placement:	
Signature of Parent/Carer:	Date:

PLACEMENT DETAILS

Area of work experience requested:	
Start date:	End date:

PLEASE NOTE: - This form to be completed and returned to Camden Council prior to consideration, approval and co-ordination.

People & Learning PO Box 183 CAMDEN NSW 2570	Phone: 4654 7707 Email: workexperience@camden.nsw.gov.au
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- Requests must be made with a minimum of one months notice and no greater than three months notice.
- Work experience must be relevant to current study requirements and is unpaid.
- Insurance documentation **must** be provided on confirmation of placement **prior** to commencement.

OFFICE USE ONLY

Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	From:	To:
Placement:	Section:	Supervisor: Phone:
Date submitted to section:		Date reply due:
Insurance provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date: