

WLC - Work Placement ASSISTANCE Form 2015

FULL NAME: _____ **Date:** _____

Student Details

Date of Birth/Age/Gender **DOB:** **Age:** **Male:** **Female:**

Home Suburb _____

Telephone/Mobile _____

Email *(the one you use)* _____

School & Year Level _____

Teacher's Name & Email *(who assists with Work Placement)* _____

Additional Information *You could be eligible for extra assistance, so please indicate if you are:*

- | | |
|--------------------------------------|--|
| Thinking about leaving school | A student who has recently arrived from overseas |
| Aboriginal or Torres Strait Islander | Affected by an Impairment/Disability |

WHY do you need this WORK PLACEMENT? *Please tick, if unsure ask your teacher.*

- **WORK EXPERIENCE:** Which Industry? _____
- **VET:** Your Course name? *(eg: Automotive, Hospitality)* _____
- **VCAL:** Preferred industry? _____

Days/Dates for this WORK PLACEMENT:

- **When?** *(eg. "1 Week 27/4/15-1/5/15" OR "Every FRIDAY ongoing"):* _____
- Have you done **Work Experience** before? **Yes** **No** **Where?** _____

Did you find something suitable on our WORK PLACEMENT OPPORTUNITIES LIST? **Yes** **No**

- If so, what is the Reference: *(eg Animal Care/Ref: AC-1)* _____
- Why are you interested in this particular **Work Placement Opportunity?** *(eg "I want a career in")*

Please note:

- When/if you are allocated a work placement you will be required to make contact with the employer (details will be sent to you by email) and complete the necessary paperwork.
- If you find your own Work Placement please let us know at Youth Connect or tell your teacher.

School Based Apprenticeship or Traineeship (SBAT):

- Are you interested in doing a School Based Apprenticeship or Traineeship (SBAT)? **Yes** **No**
- Which industry category? _____

Next Step: Please check all boxes, (attach a resume if available). Return the completed form to your Work Placement Teacher or submit online to Youth Connect. Email: wlc@youthconnect.com.au