

**STUDENT SOURCED WORK PLACEMENT**

**Please Note:**

Student must obtain an agreement and signature from the host employer prior to completing and submitting this form. No employer signature = No Work Placement. Failure to adhere to this can cause all future placements with employer with all schools to cease. NB Placement for a new host employer will be 6 – 8 wks time

**STUDENT DETAILS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Parent/Carer name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Gender:  Male  Female Current year:  Year 10  Year 11  Year 12

Home Phone: \_\_\_\_\_ Student Mobile: \_\_\_\_\_

Student Email: \_\_\_\_\_

Home School/& TAFE: \_\_\_\_\_

Teacher: \_\_\_\_\_

**PLACEMENT DETAILS - TEACHER**

Please tick one of the following courses:

Automotive  Business Services  Construction  IT  
 Electro technology  Entertainment  Hospitality- stream: \_\_\_\_\_  
 Retail  Metals and Engineering  Primary Industries  Tourism  
 Other \_\_\_\_\_

Placement dates: \_\_\_\_\_

**HOST EMPLOYER DETAILS**

Business name: \_\_\_\_\_ Contact person: \_\_\_\_\_ (position)

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Relationship to student/student's family: \_\_\_\_\_

How was contact made?  Phone  Email  In Person  Other: \_\_\_\_\_

Has employer hosted a student for work placement before?  Yes  No

Date contact made: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teachers Signature: \_\_\_\_\_ Date: \_\_\_\_\_