

Work Experience Request Form

To be completed by student:

Surname: _____ First Name: _____

Phone: _____ Email: _____

Age at the time of placement: _____ Gender: Male Female (Please ✓)

Area of Interest: _____

(First Choice): _____ (Second Choice): _____

Preferred Dates:

(First Choice): _____ (Second Choice): _____

Do you require any assistance with Language, Literacy or Numeracy? Yes No

If so, please list: _____

Do you have any special needs or medial conditions that Council needs to be aware of: Yes No

If so, please list: _____

Parent/Guardian Signature: _____ Date: _____

(if student is under 18 years of age)

Privacy and Personal Information Protection Act 1998

The personal information provided in this document is protected under the Privacy and Personal Information Protection Act (PPIPA) 1998. Wagga Wagga City Council must not disclose your personal information to any person or body if it is not directly related to the purpose for which the information was collected.

*The following section **MUST** be completed for your request to be considered.*

To be completed by Learning Institution:

Learning Institution: _____

Careers Advisor/Contact Person: _____

Postal Address: _____

Contact Number: _____ Emergency Number: _____

Email: _____

A copy of your certificate of currency of public liability insurance **MUST** be attached (current copy).

I certify the above student is covered for the duration of their work experience placement with Wagga Wagga City Council under the learning institution's relevant liability insurance.

Signature: _____ Date: _____

TEAMWORK

INNOVATION

RESPECT

TRUST