

Work Experience Request Form

To be completed by student:

First Name: Surname:

Phone: Email:

Age at the time of placement:

Gender: Male Female Non-binary (Please ✓)

Area of Interest:

(First Choice): (Second Choice):

Have you ever been charged or convicted of an offence under the Exhibited Animals Protection Act 1996 (Clause 31A)? Yes No

Preferred Dates:

(First Choice): (Second Choice):

Council is committed to ensuring the health, safety and wellbeing of all people within our workplace.

1. Do you identify as an individual with a disability? Yes No

(Disability includes physical, neurological conditions (such as Asperger's), speech, learning difficulties (such as dyslexia), mental health (such as anxiety, depression) hearing loss and vision impairment.)

a. If Yes, please outline below including what assistance you may require during the work experience placement.

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2. Do you have any health issues which may impair your ability to effectively undertake the duties of the voluntary position you have applied for? Yes No

a. If Yes, please outline below including what assistance you may require during the work experience placement.

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3. Do you require assistance completing Council's online induction modules and/or documentation?

Yes No a. If Yes, please outline below including what assistance you will require.

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Carer Name: (if applicable)

Email: Phone:

Parent/Guardian Signature: (if student is under 18 years of age)

Date:

Emergency Contact Name:..... Relationship:.....

Phone:.....

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 your Learning Institution:

Learning Institution:

Careers Advisor/Contact Person:

Postal Address:.....

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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.

If you are a student at a NSW Public School or External VET (EVET) provider it is a requirement of the NSW Department of Education that a Student Placement Record (SPR) is completed.

It is the responsibility of the learning institute and/or applicant to ensure that this is completed prior to attending a work experience placement.

Signature:

Date:

Submission instructions

Email: council@wagga.nsw.gov.au

In person: Civic Centre customer service, 243 Baylis Street Wagga Wagga NSW 2650

Post: City of Wagga Wagga PO Box 20 Wagga Wagga 2650