



SHIRE OF HARVEY

Application for Work Experience

Placement Details	
Section/Department of Interest:	
Are you seeking a: Block Placement OR _____ Day/s per week over _____ weeks	
Days of Placement: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
Commencement Date : _____ / _____ / _____ Last Day of Placement: _____ / _____ / _____	
Personal Details	
Surname:	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
Given Names:	Date of Birth:
Address:	
Suburb:	Postcode:
Email Address:	
Daytime Contact Number:	Mobile:
Year: <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 University: <input type="checkbox"/> Yr1 <input type="checkbox"/> Yr2 <input type="checkbox"/> Yr3 <input type="checkbox"/> Yr4 <input type="checkbox"/> TAFE Other (<i>specify</i>)	
Sponsoring Organisation	
Name of Organisation sponsoring your work experience:	
Name of Contact Person:	Contact Phone No:
Email Address (preferred):	
Are you covered by your sponsoring organisation's Personal Accident Insurance Policy and Public Liability Insurance Policy? (Copies of the sponsoring organisation's Certificate of Currencies for both Personal Accident and Public Liability Insurance must be presented to the Shire of Harvey if the work experience request is accepted.) <input type="checkbox"/> YES <input type="checkbox"/> NO	
Health Information	
Are you aware of any illness, injury or disability which may impact upon your ability to undertake work experience, or which could recur or be aggravated by the nature of the work experience for which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes: Please provide details (attach separate sheet if required):	
List any Special Requirements:	
Applicant Declaration	
I declare that all the above statements and attached supporting information are true in all respects. I acknowledge that any statement which is found to be false or deliberately misleading could lead my application for work experience to be rejected. I acknowledge that work experience is voluntary and that I am not entitled to any form of remuneration from the Shire of Harvey.	
_____	_____
Signed	Date
Office Use Only	
Date Received:	Section/Department:
Mentor:	Manager Approval:
Application Accepted: <input type="checkbox"/> YES <input type="checkbox"/> NO	If Accepted Insurance Documents Received: <input type="checkbox"/> YES <input type="checkbox"/> NO