

Work Placement Application Form

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

Your school:	Year level:
YOUR DETAILS	
Age Date of Birth://	
Last name:	
Given Names:	
Town:	
Email:	
Phone Number:	
Do you identity as an Aboriginal and/or Torres Strait Islander person?	Yes
Do you need a: -	
Work Experience Placement (5 day/week block)	
Date requested: From/toto	//
OR	
Structured Workplace Learning Placement (<i>one day per week for a term</i>	n/semester)
Starting date requested:///	
Preferred day of the week:	

Are you studying VCE or VCAL?			🗌 Year 10
OR Are you currently enrolled in university st OR	tudies:	YES	NO
Are you undertaking VET studies:		YES	NO

Which course: (e.g Cert II in Business Admin at TAFE Gippsland or Bachelor of Law)

Business/Administration	Parks and Gardens
☐ Family Services/Childcare/Preschool	□ Sport and Recreation
Arts and Culture	□ Engineering
] Libraries	□ Tourism/Events Management
Town Planning and Building	Community Services
Procurement/Finance	Indigenous Employment
Local Laws	Human Resources
	acement at East Gippsland Shire Council?
Why do you want to undertake a work pl	acement at East Gippsland Shire Council?

For further information contact the Learning and Development Officer on 03 5153 9500 or email hrtraining@egipps.vic.gov.au