

# BRHS Work Experience Application Form

Student Information		
Student Name		
Date of Birth		
High School/College Name		
Year Level		
Placement Details		
Placement Dates (if known)	From:	To:
Please tick your preferred stream for work experience below. Please indicate if you are also interested in a specific area within a stream and where possible this will be included into your work experience timetable. (You may tick more than one)		
<input type="checkbox"/> <b>Nursing and Patient Care Stream</b>	<input type="checkbox"/> <b>Administration / Business Support Stream</b>	
<input type="checkbox"/> Nursing – wards and other areas (restrictions may apply) <input type="checkbox"/> Allied Health – include <input type="checkbox"/> Dietetics <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Podiatry <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Social Work <input type="checkbox"/> Occupational Therapy  <input type="checkbox"/> Aged Care Activities <input type="checkbox"/> Planned Activity Groups <input type="checkbox"/> Community Health <input type="checkbox"/> Aboriginal Health	<input type="checkbox"/> Reception (various departments) <input type="checkbox"/> Finance <input type="checkbox"/> Information Technology <input type="checkbox"/> Human Resources <input type="checkbox"/> Health Library <input type="checkbox"/> Medical Records <input type="checkbox"/> Executive Office <input type="checkbox"/> Ward Clerk /Administration Support Officer <input type="checkbox"/> Volunteer and Patient Liaison	
<input type="checkbox"/> <b>Medical Services Stream</b>	<input type="checkbox"/> <b>Infrastructure and Support Services Stream</b>	
<input type="checkbox"/> Medical Officers (restrictions apply) <input type="checkbox"/> Medical Imaging <input type="checkbox"/> Pharmacy	<input type="checkbox"/> Food Services <input type="checkbox"/> Environmental Services <input type="checkbox"/> Facilities and Maintenance incl. gardening and painting <input type="checkbox"/> Supply	

**Reasons for wanting to attend work experience at BRHS** (please provide a short statement and attach a copy of your resume outlining your career interests):

### Work Experience Payment

Payment for work experience is \$5 per day.

As BRHS is a not-for-profit organisation: I would like to donate back the daily payment for work experience at BRHS.

Please tick: Yes  No

**Parent/Guardian Signature:**

**Date:**

### Signatures

\*\*In signing this form the Coordinator and student verifies that the information provided in this application is correct and agrees that the student has a genuine interest and capacity to attend work experience at BRHS.

**Careers Coordinator Signature:**

**Date:**

Careers Coordinator comments:

**Student Signature:**

**Date:**

*Thank you for completing the BRHS Work Experience Application Form*

Completed forms must be sent to: Britta White, People and Culture, Bairnsdale Regional Health Service via email: [workexperience@brhs.com.au](mailto:workexperience@brhs.com.au) or post to PO Box 474, Bairnsdale VIC 3875.

- If you are successful in gaining a work experience placement the agreement paperwork will be coordinated through your Careers Coordinator.
- For any enquiries please contact: Britta White, People and Culture Officer on 5150 3362 or [workexperience@brhs.com.au](mailto:workexperience@brhs.com.au)