



Work Experience Application

STUDENT DETAILS (PLEASE USE BLOCK LETTERS)

Family Name: Given Names:

Address: Postcode:

Phone No: Email: Date of Birth:

School/Institution Name

School/Institution address

Work Experience Co-ordinator's name

Co-ordinator's ph no. Co-ordinator's fax no.

Work experience dates. Six weeks notice from date of lodgement is required

Last Semester Subjects. Attach resume or copy of results if available

Are you currently studying? No Yes What course are you currently studying or intend to study?

Current Year of Study What career are you interested in pursuing?

What type of work experience are you interested in? *In order of preference:*

1. <input type="text"/>	2. <input type="text"/>
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Briefly describe what interests you about this work and what you would like to learn/discover during your work experience and why.

I certify that the above information is true and correct.

Student's signature and date

Equal Employment Opportunities

Responding to these questions is optional. NOTE: All this information is confidential.

Gender

Male Female

Do you identify yourself with any of the following:

Aboriginal or Torres Strait Islander?

No Yes

Culturally and linguistically diverse background?

No Yes

Person with a disability or impairment?

No Yes ► Please describe and state special requirements for the work area

School Work Experience Co-ordinator Please complete

The student is required to be covered by the following insurances:

Workers Compensation
Indemnity/Public Insurance
Other

► Please specify

I confirm that this student is covered by the above insurance for work experience and have attached certificates of currency for each for Council's records.

Co-ordinator's signature and date / /
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SCENIC RIM REGIONAL COUNCIL

CONFIDENTIALITY AGREEMENT

Return completed form to:
Scenic Rim Regional Council
Human Resources
PO Box 25
BEAUDESERT QLD 4285
OR
Fax (07) 5540 5103

I,

Student's full name

Acknowledge that Scenic Rim Regional Council has agreed to accept me for a work experience placement for a period

of Working days, as part of a work experience program by the

School/Institution.

I acknowledge that I will be undertaking experience for the period

from to Inclusive.

I further acknowledge that I have had explained to me the confidentiality of all information which may come into my possession during the course of such work experience, and the provisions of Council's Ordinances relating to the laying out or giving information from Council's records, and the provisions of those Ordinances relating to the making of public comment upon the Administration, and of the use, other than for the discharge of official duties, of information gained by or conveyed to me as a work experience participant through my connection with the Service of Council.

I agree that I will at all times respect that confidentiality and abide by the provision of those Ordinances.

Date

Signature