



WORK EXPERIENCE PLACEMENT REQUEST

Student Name: _____

Year level: _____ House: _____ Form: _____ Email: _____

Emergency contact Name: _____ Phone Number: _____

Please list any medical conditions which may impact on your work experience placement:

Dates of placement: _____

Company Name: _____

Contact person's Name: _____

Contact person's position: _____

Company phone number: _____ mobile: _____ Email: _____

Company street address: _____

Postal address: _____

Type of business: _____

Student's role: _____

Dress requirements: _____

Start and finish times: _____

Safety requirements: _____

Miscellaneous: _____

Office use only			
Application received from Student		Signed by the Principal	
Work Experience Agreement Form		Copies taken of signed Agreement Forms	
Agreement Form given to Student		Feedback Forms given to Students	
Received Agreement signed by all parties		Student Feedback forms received	