

REGISTRATION FORM – WORK EXPERIENCE / PLACEMENT

STUDENT TO RETURN <b style="color: red;">COMPLETED FORM TO VSC BY ___/___/2018	workexperience@volunteeringvsc.org.au  PO Box 6487, Maroochydore. 4558 Phone: 07 5443 8256	FORMS RECEIVED BY VSC LATER THAN 9 WEEKS PRIOR TO PLACEMENT CANNOT BE GUARANTEED PLACEMENT
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SCHOOL _____ YEAR _____ TEACHER _____

Block Placement Number of days: _____ Start Date ___/___/201__ Finish Date ___/___/201__

OR Placement for 1 Day a week Please circle choice Monday / Tuesday / Wednesday / Thursday / Friday

Please indicate which Certificate you are undertaking (if any) _____

Have you participated in work experience before? Yes No

Tick if you have a White Card (Construction) or Blue Card: Positive Notice for Child Related Employment

STUDENT DETAILS

Given Names _____ Surname _____

Date of Birth ___/___/_____ Male Female

Phone _____ Mobile _____ Email _____

Street address _____

Suburb _____ Postcode _____

PARENT / GUARDIAN DETAILS FOR EMERGENCY CONTACT

Mr / Mrs / Ms (please circle)

Given Names _____ Surname _____

Mobile: _____ Home Phone _____ Work Phone _____

Relationship _____ Email _____

Medical Details that may affect work placements? (eg. allergy, injury, medical condition) _____

PREFERRED INDUSTRIES: (You **MUST** Have 4 preferences)

1 _____ 2 _____

3 _____ 4 _____

IF YOU HAVE A WORKPLACEMENT CONTACT THAT **YOU HAVE CONTACTED AND ARRANGED** FOR YOUR STRUCTURED WORKPLACE LEARNING, PLEASE LIST THE DETAILS BELOW:

This may be someone recommended by family, friends or someone you have worked with before.

Company: _____

Name: _____ Position: _____

Phone: _____ Mobile: _____ Email: _____

Address: _____

There is **NO** guarantee from VSC that a placement will be possible in a chosen industries. Placements rely totally on the goodwill of employers and their capacity to take students at the time of your Structured Work Placement.

Transport Details: How you expect to get to your placement and tick areas you can get to

Public Transport: Bus Train Taxi Private Transport: Own Car Parents

Preferred Location for industry Placement: (Please tick the suburbs you are able to get to)

Alex Head <input type="checkbox"/>	Kawana <input type="checkbox"/>	Landsborough <input type="checkbox"/>	Montville <input type="checkbox"/>	Noosa <input type="checkbox"/>
Maroochydore <input type="checkbox"/>	Warana <input type="checkbox"/>	Palmwoods <input type="checkbox"/>	Maleny <input type="checkbox"/>	Tewantin <input type="checkbox"/>
Mooloolaba <input type="checkbox"/>	Sippy Downs <input type="checkbox"/>	Woombye <input type="checkbox"/>	Mudjimba <input type="checkbox"/>	Pomona <input type="checkbox"/>
Kunda Park <input type="checkbox"/>	Caloundra <input type="checkbox"/>	Nambour <input type="checkbox"/>	Coolum <input type="checkbox"/>	Cooroy <input type="checkbox"/>
Buderim <input type="checkbox"/>	Golden Beach <input type="checkbox"/>	Yandina <input type="checkbox"/>	Noosaville <input type="checkbox"/>	Eumundi <input type="checkbox"/>

Are there any other areas, not listed above that you can have access to: e.g. Brisbane _____

What do you want to do when you leave school?

Uni TAFE Work Apprenticeship Traineeship

Are you interested in a school based: Apprenticeship Traineeship

If so, which industry? _____

Do you have any outside school commitments that may limit your hours of Structured Work Placement?

Work Sport Study Apprenticeship/Traineeship Other _____

If so, where is it, which day/s / hours? _____

This section to be completed with the help of your Parent or Guardian

Additional information: (Answering these questions will not affect your placement)

Student support requirements

Disabilities:

Do you consider yourself to have a disability, impairment or long term condition? *Yes No

*If you answered YES to this question you should be completing a SEU Registration Form

Language: Do you speak a language other than English at home? Please specify _____

If yes, how well do you speak English? Very Well Well Not Well

Parent/Guardian and Teacher approval required below before form will be accepted by VSC

Signature of Parent/Guardian below gives approval for student to participate in the School Industry Placement Program, to attend the Selected Work Environment and for the Release of Personal Details to Employers.

Parent/Guardian name _____ Signature _____ Date _____

Teacher approval: I support this placement request and believe that this student is

Job ready Ready to assist and learn skills Observer of work

Comments: _____

Teachers full name _____ Signature _____ Date _____

Indigenous or Torres Strait Islander: Yes No

Parent/Guardian approval for Photographic/Video/Audio/Communication Release

I hereby authorise Volunteering Sunshine Coast to take and use any photographs, video or sound recordings of my child and any other reproductions or adaptations of my child's likeness ("the Material"), either in full or part, in conjunction with any wording or drawings, in any Volunteering Sunshine Coast publications or production and presentations and for Media access at the discretion of the Principal. I acknowledge that my child has no rights in the material nor in any Volunteering Sunshine Coast publication, production and presentations which includes the material.

Parent/Guardian name _____ Signature _____ Date _____

VSC Office use

Hosts requested	Notes	Date	Staff initials