

REGISTRATION FORM – WORK EXPERIENCE

<b style="color: red;">STUDENT TO RETURN COMPLETED FORM Received ___/___/20__	workexperience@volunteeringvsc.org.au PO Box 6487, Maroochydore. 4558 Phone: 07 5443 8256	FORMS RECEIVED BY VSC LATER THAN 8 WEEKS PRIOR TO PLACEMENT CANNOT BE GUARANTEED PLACEMENT
SCHOOL _____ YEAR _____ CLASS _____ TEACHER _____		
Block Placement Number of days: _____ Start Date ___/___/20__ Finish Date ___/___/20__		
Have you participated in work experience before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Tick if you have a White Card (Construction) <input type="checkbox"/> or Blue Card: Positive Notice for Child Related Employment <input type="checkbox"/>		

STUDENT DETAILS

Given Names _____ Surname _____

Date of Birth ___/___/_____ Male Female

HomePhone _____ Mobile _____ StudentEmail _____

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 placement: (eg. allergy, injury, medical condition) _____

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

1 _____ 2 _____

3 _____ 4 _____

IF YOU HAVE A WORK PLACEMENT CONTACT THAT **YOU HAVE CONTACTED AND ARRANGED** FOR YOUR WORKPLACE EXPERIENCE, 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 any of your chosen industries. Placements rely totally on the goodwill of employers and their capacity to take students at the time of your Work Experience placement.

Transport Details: How do 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 Headland <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 think you want to do when you leave school?

Uni TAFE Work Apprenticeship Traineeship

If so, which field? _____

This section is 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 please provide basic details _____

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

Indigenous or Torres Strait Islander: Yes No

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

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

Parent/Guardian name _____ Signature _____ Date _____

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 that includes the material.

Parent/Guardian name _____ Signature _____ Date _____

VSC Office use

Hosts requested	Notes	Date	Staff initials