



Work Experience Application

The Mount Barker District Council requires **four weeks** to arrange your work experience placement from the date that this application (including insurance) is lodged. Return this application as soon as possible to ensure your preferred placement is available.

Student to complete:

Given names: _____

Surname/family names: _____

Postal address: _____

Postcode: _____

Daytime phone number: _____

Email address: _____

Date of birth: _____

Do you identify yourself as a person with a disability or impairment

Yes

No

If yes please state special requirements for the work area:

School name: _____

School address: _____

Postcode: _____

Work experience co-ordinators name: _____

Co-ordinators telephone number: _____

Co-ordinators email: _____

Work experience preferred dates:

From: _____ to: _____

Preferred no. of hrs/days per week: _____

What type of work experience are you interested in? *(in order of preference)*

1. _____

2. _____

Briefly describe what interests you about this work and what you would like to learn during your placement and why? *Please include any relevant qualifications that are currently being studied or have been completed*

I certify that the above information is true and accurate:

Students signature _____ Date _____

Students are required to be covered by the following insurances:

Indemnity/Public Liability
Personal Accident/Illness

Please note: Placements will not be sourced until proof of Insurance or Workplace Learning Agreement Form is sighted.

Please forward completed application and proof of insurance or Workplace Learning Agreement Form to:

Anne Pett - Manager, People & Culture

Mail

Mount Barker District Council
PO Box 54
MOUNT BARKER SA 5251

Email

apett@dcmtbarker.sa.gov.au

Fax

(08) 8391 7299

Office use only

Application received	Yes <input type="checkbox"/>	Date: _____
Insurance forms signed	Yes <input type="checkbox"/>	Date: _____
Placement sourced	Yes <input type="checkbox"/>	Date: _____
Student notified and handbook sent	Yes <input type="checkbox"/>	Date: _____
Induction sent to supervisor	Yes <input type="checkbox"/>	Date: _____
Induction returned by supervisor	Yes <input type="checkbox"/>	Date: _____
