

WORK EXPERIENCE REQUEST FORM

BOROONDARA OFFERS WORK EXPERIENCE PLACEMENTS FOR STUDENTS IN A DYNAMIC AND CHALLENGING LOCAL GOVERNMENT ENVIRONMENT. STUDENTS HAVE THE OPPORTUNITY TO GAIN VALUABLE EXPERIENCE IN A DIVERSE RANGE OF OCCUPATIONS AT COUNCIL.

Boroondara's Work Experience Program assists students in meeting their educational requirements, developing and enhancing their skills and knowledge while experiencing the 'real' world of work.

Conditions of Placement

- Placements are only available to students from approved educational institutions (usually public and private secondary schools, TAFE, universities and other employment training organisations).
- Personal injury insurance for the student must be covered by the relevant education institution or program.
- Placements are of a short term nature.
- Information obtained whilst undertaking work experience is deemed confidential and must not be divulged to any other party.
- Work experience students will be paid \$10 per day.
- Dress requirements during placements are safe, neat and tidy, and suitable for the particular work environment.

How to Request a Work Experience Placement at Boroondara

Please give at least six (6) weeks notice. The likelihood of a placement is increased if sufficient notice is given.

- 1 Complete all details overleaf, steps A–F.
- 2 Attach your resume/CV and any introductory letters from your school/uni/program.
- 3 Send your request to:

EMAIL human.resources@boroondara.vic.gov.au

TELEPHONE (03) 9 278 4416

POST Manager Human Resources
Private Bag 1
CAMBERWELL VIC 3124

SEE FOLLOWING PAGES TO COMPLETE REQUEST DETAILS

BOROONDARA WORK EXPERIENCE REQUEST DETAILS

A – PLACEMENT REQUEST

Please indicate in order of preference the department or area of interest you wish to apply for a work experience placement.

1

2

3

Dates requested – please indicate when you are required to undertake your placement, if the placement period is flexible then list a second timeframe. **Please provide at least 6 weeks notice.**

1 / / 20 to / / 20

2 / / 20 to / / 20

Full time for this period (tick) Yes ☐ No ☐

If no, number of days/days per week:

Hours per week:

B – PERSONAL DETAILS

Student Name:

Home Address:

Home Telephone:

Date of Birth: / /

Mobile Telephone:

Email Address:

Special Needs/Limitations:

C – INSURANCE

Personal injury insurance covered by:

(Please attach a photocopy)

BOROONDARA WORK EXPERIENCE REQUEST DETAILS

D – EDUCATIONAL INSTITUTION DETAILS

Educational Institution:

Address:

Course of Study:

Year of Study (Yr 11, 1st year etc):

School/Tertiary Institution:

Program Contact:

Email Address:

Contact Telephone:

Facsimile:

E – STUDENT DECLARATION

I have read, understood and agree to abide by the conditions stated on the first page if offered a work experience placement at the City of Boroondara.

Student Signature

Date

F – EDUCATIONAL INSTITUTION ENDORSEMENT

I endorse the above students request for work experience at the city of boroondara and confirm that appropriate personal injury insurance coverage exists for this placement (a copy of which is attached).

Endorsee Signature

Date

Name and Title:

(Name and position title of person giving endorsement on behalf of the education institution)

Contact Number:

OFFICE USE ONLY TO BE COMPLETED BY THE HUMAN RESOURCES DEPARTMENT

Request Accepted: Yes ☐ No ☐ If yes, please complete the following:

Supervisor for placement:

Date from:

Date to:

Special instructions

Confirmation letter/email sent on:

Signature: