

(HR-FO-292) Work Experience Application Form

Thank you for applying for work experience with Griffith City Council. Council's work experience program gives high school and tertiary students the opportunity to gain practical on-the-job experience in a diverse organisation.

PLEASE NOTE: The approval of Work Experience is subject to the availability, time constraints and work loads of Council staff in the requested area. Every effort will be made to accommodate students seeking work experience, however often the demand on Council to provide work experience is such that it may be necessary to reject some applications. Please approach the Human Resources Administrator in the first instance, rather than contacting any Department directly, as we need to ensure the approval process is followed.

IMPORTANT NOTE: Prior to Griffith City Council considering your request for work experience, proof of Public Liability cover must be produced (Certificate of Currency). If you are required to complete work experience as part of your course of study or schooling, your college or school will have the appropriate Public Liability coverage. (check with your school as they may have already provided this information to us). Individuals not participating in college or school programs can apply for Public Liability coverage with insurance companies. Proof of this is to be supplied with your application.

SECTION 1 – Student Details

| | |
|---|--|
| Student Name: | |
| Postal Address: | |
| Street Address: | |
| Suburb & Postcode | |
| School Year | |
| Date of Birth: | |
| School Program is: <input type="checkbox"/> Work Experience <input type="checkbox"/> HSC VET Work Placement <input type="checkbox"/> Other Please Specify: | |
| Please provide details of any injury, medical condition, allergy, medication, disability or other information the employer should know about. | |
| Contact Number Home: | |
| Contact Number Mobile: | |
| Email Address: | |
| Emergency Contact Name: | |
| Relationship to Applicant: | |
| Emergency Contact Number: | |

SECTION 2 – Educational Institution Details

| | |
|--------------------------------|--|
| Name of Institution: | |
| Address: | |
| Website: | |
| Institution Contact Name: | |
| Institutions Contact Number/s: | |
| Institution Contact Email: | |
| Fax: | |

SECTION 3 – Desired Area for Work Experience

| | | |
|---|-------|-----|
| Type of Work Experience desired and preferred area: | | |
| Qualifications held (First Aid, White Card etc): | | |
| Preferred dates for work experience: | From: | To: |

SECTION 4 - Parent/Caregiver Permission:

Is student under 18 years of age: ☐ NO ☐ YES (Parent/caregiver permission is required)

I consent to (insert student's name) _____ participating in work experience at Griffith City Council.

(Parent/Caregiver Signature)

(Date)

(Parent/Caregiver Name)

SECTION 5 - Student Declaration:

- I will perform my duties during the placement to the best of my ability; support occupational health and safety in the workplace and comply with all reasonable directions of the host employers and their employees.
- I will inform both the host employer and the teacher in charge as soon as possible if I am unable to attend the workplace and will inform my supervisor promptly of any injury, accident or incident that may occur.
- If I have access during the placement to information, which is private and confidential, I will not convey to any person outside the host employer's workplace knowledge or information of this kind.
- I acknowledge that work experience is voluntary and that I am not entitled to any form of remuneration from Griffith City Council.
- I understand and accept that Griffith City Council has the right to terminate my work experience placement at any time.

(Student's Signature)

(Date)

Please return this form to Council's Workforce Planning Administrator:

In person: 1 Benerembah Street, Griffith
Postal Address: PO BOX 485
 Griffith NSW 2680
Or by e-mail to: Annie.Featherstone@griffith.nsw.gov.au

Please direct all enquiries to the above e-mail address or 6962 8100.

HR OFFICE USE

| | | | |
|-------------------------|--|--|--|
| Date Received: | | | |
| Work Area Approved: | | | |
| Approved Date: | | | |
| HR Approval (Signature) | | | |