

STUDENT SELF SOURCED WORKPLACEMENT

*This form is to be completed only if a student has their own workplacement with a specific employer and must be submitted to the SWConnect Office **four weeks** prior to the workplacement date.*

It must be accompanied with completed Host Pages 2 & 3 (Section 3) of the SPR

STUDENT'S NAME: _____

SCHOOL: _____

VET COURSE: _____ YEAR GROUP: _____

TEACHER: _____

WORKPLACEMENT DATE REQUIRED: _____

ORGANISATION: _____

NAME OF CONTACT PERSON: _____

POSITION: _____

STREET ADDRESS: _____

SUBURB: _____ POSTCODE: _____

PHONE: _____ FAX: _____ Mobile: _____

Email address: _____

STARTING TIME: _____ FINISH TIME: _____ BREAKS: _____

DRESS REQUIREMENTS: _____

SUMMARY OF DUTIES TO BE PERFORMED: _____

Briefly explain your reasons for choosing this employer. (eg family contact, etc)

NOTE: Do not submit this form unless you have already spoken with the employer regarding your workplacement request.

Student's Signature: _____ Date: _____

TEACHER USE ONLY:

I have discussed the suitability of this workplacement with the student and I am satisfied it would be an appropriate workplace for this student.

Teacher Signature _____ Date _____

The coordination of work placement is funded by the State of New South Wales through its Department of Education under the Work placement Coordination Program and in conjunction with schools administered by Catholic Schools NSW and the Association of Independent Schools of NSW. South West Connect is proudly supported by Fairfield City Council. The Youth Collective Impact Team is supported by the Fairfield Business Education Partnership Board.

South West Connect

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