

PERSONAL INFORMATION

FIRST NAME	_____	SURNAME	_____
ADDRESS	_____	TOWN / PCODE	_____
PHONE	_____	EMAIL	_____
DATE OF BIRTH	_____	GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female (<input checked="" type="checkbox"/> tick)
PARENT/GUARDIAN	_____	PHONE	_____
Special Needs / Limitation - _____			

WORKPLACE LEARNING APPLICATION DETAILS

Application for: (tick)

Structured Workplace Learning Work Experience Practical Placement Industry Based Learning (IBL)

List two (2) possible dates for your workplace learning. We will make all efforts to accommodate your first preference

First Preference Date

Start Date _____ Finish Date _____

Second Preference Date

Start Date _____ Finish Date _____

What areas interest you for your work placement? (tick)

Administration (Age & Disability) Business Administration Community Programs

Children's Services Information Technology Library Services

Civil Engineering Town Planning / Building Surveyor Animal Shelter

Building Maintenance Parks & Gardens Maintenance Sports and Recreation

Planned Activities (Age & Disability) Administration & Sales (paddlesteamer) General Purpose Hand (paddlesteamer)

What do you hope / plan to do at the conclusion of your education? (Ambitions help us to place you in the most appropriate areas)

EDUCATION INSTITUTION

SCHOOL NAME	_____		
SCHOOL ADDRESS	_____		
SCHOOL CONTACT	_____	SCHOOL PHONE	_____
CONTACT SIGNATURE	_____	Students Current Year of Study	_____
COURSE OF STUDY _____			

CONDITIONS OF PLACEMENT

1. Work placements are only available to students from approved Educational Institutions (private/public schools, TAFE &/or universities)
2. Dress requirements during placement are neat and tidy clothing, suitable for the particular work environment.
3. Information obtained whilst undertaking a work placement is deemed confidential and must not be shared. The Confidentiality Agreement must be signed before the application can be processed
4. All educational institution Work Place Arrangement Forms must be completed prior to placement commencing and a copy of their insurance that covers students must be provided

Workplace Learning Confidentiality Agreement



Date: 8/2/2017

CONFIDENTIALITY AGREEMENT

During your Workplace Learning time at the Campaspe Shire Council (Council) or at any time afterwards, you must take all reasonable and necessary precautions to prevent the disclosure of any confidential information relating to Council's operations, except in the ordinary and proper course of your involvement with the Council.

Please read and sign the statement below

Confidentiality

In accepting an offer to undertake workplace learning at the Council I agree to and understand that I will not make any improper disclosure or use of:

- Any information or trade secrets of Council
- The position of Council of any Councillor or Council Officer on any confidential matter
- Any other information the disclosure or use of which may be detrimental to the interests of the Council or of any other person who has provided it to the Council on a confidential bases, except for any disclosure required by law

I will use my best endeavours to prevent the improper publication or disclosure or use of any such information by anyone else.

Disclosure of confidential information may result in disciplinary action, up to and including cessation of your workplace learning plan. I understand that this signed document may be used as evidence if I breach this agreement.

STUDENT DECLARATION

I have read, understood and agree to abide by the conditions of work placement when offered a workplace learning placement at the Council.

I have attached my Resume

STUDENT SIGNATURE _____	DATE _____
PRINT NAME _____	POSITION Workplace Learning Student

Please Note: Your signature on this document does not prevent you from being subpoenaed to give evidence in a legal proceeding.

AUTHORISED OFFICER OF THE SHIRE OF CAMPASPE

SIGNATURE _____	DATE _____
PRINT NAME _____	POSITION _____