

PERSONAL INFORMATION

First Name:	Surname:
Address:	Town:
Telephone:	DOB:
Email:	
Parent/Guardian:	Phone:

AUSTSWIM COURSE CURRENTLY BEING COMPLETED

<input type="checkbox"/> Teacher of Swimming and Water Safety	<input type="checkbox"/> Teacher of Towards Competitive Strokes
<input type="checkbox"/> Teacher of Infant and Preschool Aquatics	<input type="checkbox"/> Teacher of Adults
<input type="checkbox"/> Teacher of Access and Inclusion	<input type="checkbox"/> Other _____
<i>List two (2) possible dates for your workplace learning. We will make all efforts to accommodate your first preference</i>	
First Preference Date	
Start Date:	Finish Date:
Second Preference Date	
Start Date:	Finish Date:

DOCUMENTATION REQUIRED – Please provide copies of the following:

<input type="checkbox"/> Evidence of Enrolment	<input type="checkbox"/> CPR Certificate	<input type="checkbox"/> Working with Children Check
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CONDITIONS OF PLACEMENT - INSURANCE

You acknowledge that AUSTSWIM provide only third party insurance and AUSTSWIM and Campaspe shire do not cover for personal loss, damage or injury suffered whilst engaged during practical placement. You agree that your own insurance and related costs are your responsibility.

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 basis, 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.

Student Signature:

Print Name:

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 CAMPASPE SHIRE

Signature:

Date:

Print Name:

Position:

ONCE FORM IS COMPLETED

Please send the completed form to hr@campaspe.vic.gov.au