

PERSONAL INFORMATION	
<b>First Name:</b>	<b>Surname:</b>
<b>Address:</b>	<b>Town:</b>
<b>Telephone:</b>	<b>DOB:</b>
<b>Email:</b>	
<b>Parent/Guardian:</b>	<b>Phone:</b>
<b>Special Needs / Limitations:</b>	

WORKPLACE LEARNING APPLICATION DETAILS	
<b>Application for:</b> (✓ tick)	
<input type="checkbox"/> Work Experience <input type="checkbox"/> Structured Workplace Learning <input type="checkbox"/> Practical Placement ____ <b>hours required</b>	
<i>List two (2) possible dates for your workplace learning. We will make all efforts to accommodate your first preference</i>	
<b>First Preference Date</b>	
Start Date:	Finish Date:
<b>Second Preference Date</b>	
Start Date:	Finish Date:
What areas interest you for your work placement	
<input type="checkbox"/> Planned Activities (Age & Disability) <input type="checkbox"/> Business Administration <input type="checkbox"/> Community Programs <input type="checkbox"/> Children's Services <input type="checkbox"/> Information Technology <input type="checkbox"/> Library Services <input type="checkbox"/> Civil Engineering <input type="checkbox"/> Town Planning / Building Surveyor <input type="checkbox"/> Animal Shelter (Placement only) <input type="checkbox"/> Building Maintenance <input type="checkbox"/> Parks & Gardens Maintenance <input type="checkbox"/> Sports and Recreation	

EDUCATION INSTITUTION	
<b>School Name:</b>	
<b>School Address:</b>	
<b>School Contact:</b>	<b>School Phone:</b>
<b>Contact Signature:</b>	<b>Student Year Level:</b>
<b>Course of Study:</b>	

CONDITIONS OF PLACEMENT
<ol style="list-style-type: none"> <li>1. Work placements are only available to students from approved Educational Institutions (private/public schools, TAFE &amp;/or universities)</li> <li>2. Dress requirements during placement are neat and tidy clothing, suitable for the particular work environment.</li> <li>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</li> <li>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</li> </ol>

## 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.

I have attached my Resume

**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:**