

POTENTIAL CONTACT FOR 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 SW Connect Office six weeks prior to the workplacement date.

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 _____