

# Student Placement Application

STUDENT DETAILS	
NAME:	
ADDRESS:	
PHONE:	MOBILE:
EMAIL:	
CURRENT/PREVIOUS OCCUPATION:	
LANGUAGES SPOKEN:	
TRAINING DETAILS	
COURSE NAME:	
LENGTH OF COURSE:	COURSE DAYS:
ORGANISATIONS NAME:	
CONTACT PERSON:	
PHONE:	MOBILE:
EMAIL:	
PLACEMENT DETAILS	
START DATE:	END DATE:
HOURS REQUIRED:	NUMBER OF DAYS:
AVAILABLE DAYS:	
COMPANY:	
ROLE:	
OTHER:	

<b>CRIMINAL HISTORY CHECKS (Completed or waiting on approval)</b>	
	APPLIED DATE:
	APPLIED DATE:
	APPLIED DATE:
<b>OTHER DETAILS</b>	
COMPLETED QUALIFICATION:	
PREVIOUS WORK EXPERIENCE:	
DISABILITY EXPERIENCE:	
AGED CARE EXPERIENCE:	
WHY DO YOU WISH TO DO YOUR PLACEMENT WITH OUR SERVICES:	
<b>MEDICAL DETAILS</b>	
DO YOU SUFFER FROM ANY SERIOUS ILLNESS, DISEASE OR DISORDER AND/OR HAVE ANY PHYSICAL CONDITIONS OR DISABILITY, WHICH MAY LIMIT OR PREVENT YOUR ABILITY TO PERFORM THE PARTICULAR POSITION OUTLINED IN YOUR PLACEMENT AGREEMENT:	
<input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please state: _____	
<b>REFERENCES</b>	
NAME: _____	NAME: _____
PHONE: _____	PHONE: _____
EMAIL: _____	EMAIL: _____

As part of my application for a student placement position, I confirm that information provided on this application is accurate to the best of my knowledge and subject to validation.

I agree to provide sighting of original documentation of required criminal history records and photocopies to be provided to the organisation. I agree to all reference checks being conducted prior to placement.

\_\_\_\_\_  
(Students Signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Dated)