



## Work Placement Application Form

**Please complete and return to:**

Work Placement Coordinator  
Point Project Management  
First Floor, North Wing  
218 Northbourne Avenue  
BRADDON ACT 2612

### Personal Details

<b>Title</b>	<b>First Name</b>

<b>Date of Birth</b>
/ /

<b>Surname</b>

<b>Home Telephone</b>

<b>Email Address</b>

<b>Mobile Telephone</b>

<b>Home Address</b>

<b>Emergency Contact Name</b>

<b>Emergency Contact Relationships</b>

<b>Emergency Contact Phone Number</b>

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### School Details

<b>School Name</b>

The School's Work Placement Contact will be the first point of contact for the student's involvement at Point. The School's Work Placement Contact will also receive a copy of the student's work placement evaluation form.

<b>School Address</b>

<b>School's Work Placement Contact Name</b>

<b>School's Work Placement Contact Phone</b>

<b>School Telephone</b>

<b>School's Work Placement Contact Email</b>

<b>Year/Grade Student is Currently Completing</b>

IN CONFIDENCE

**Request Details**

*Please note that students will not be expected to work outside the office's ordinary working hours of between 9am and 5pm, Monday to Friday.*

*Please note that if the below start date cannot be accommodated, Point will contact the School's Work Placement Contact to arrange a suitable date.*

<b>Start Date</b>
/  /

<b>Work Placement Requested For</b>
<input type="checkbox"/> 1 week <input type="checkbox"/> 2 weeks

**Health**

*If you answer yes to the following questions, you will not necessarily be refused a placement, but you will be asked to consent to provide further information.*

<b>Do you have a health or behavioral condition or are you taking any medication, which could reasonably affect your ability to carry out work?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Do you have a disability for which special arrangements or adjustments may need to be considered for purposes of work?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No

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**Declaration**

I declare that the information I have given is, to the best of my knowledge and belief, true and complete.

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**Name (BLOCK LETTERS)**

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**Signature**

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**Date**