



WORK EXPERIENCE/PLACEMENT FORM

DETAILS OF THE WORK EXPERIENCE ROLE SOUGHT

Requested Role: Click or tap here to enter text.

Location: Choose an item.

Placement Type: Choose an item.

Placement hours requested: Click or tap here to enter text.

Preferred placement dates:

From: Click or tap to enter a date. **To:** Click or tap to enter a date.

Or

From: Click or tap to enter a date. **To:** Click or tap to enter a date.

PERSONAL DETAILS

Family Name: Click or tap here to enter text.

Given Name: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text.

Home address: Click or tap here to enter text.

Email: Click or tap here to enter text.

Aboriginal / Torres Strait Islander: Choose an item.

Date of Birth: Click or tap to enter a date.

Name of school/university/educational institution: Click or tap here to enter text.

Grade/Level: Click or tap here to enter text.

Work Experience Coordinator (name, email and contact number): Click or tap here to enter text.

Medical Information i.e. allergies, medical condition, medication etc: Click or tap here to enter text.

Ambulance Cover: Choose an item.

Emergency contact details – name, phone and address: Click or tap here to enter text.

EXPRESSION OF INTEREST RESPONSE

Why do you think you would make a good candidate for the role?

Response: Click or tap here to enter text.

Why do you want to gain from doing work experience with MDAS?

Response: Click or tap here to enter text.

What are your career goals?

Response: Click or tap here to enter text.

What involvement do you have with Aboriginal and Torres Strait Islander culture or what is your interest in the Aboriginal and Torres Strait Islander culture?

Response: Click or tap here to enter text.

The MDAS vision is "Generations of vibrant, healthy and strong Aboriginal Communities" What does this mean to you? Click or tap here to enter text.

What interests or hobbies do you have outside of school/education?

Response: Click or tap here to enter text.

What roles have you held either in school or in their local community e.g. coaching under 10's football team, SES volunteer?

Response: Click or tap here to enter text.

Do you have any barriers to fulfilling your work experience e.g. health issues, transport?

Response: Click or tap here to enter text.

DECLARATION:

I understand:

- this register of interest does not constitute agreement to a work experience placement

I have:

- permission from my educational institution to apply for this work experience placement
- sought endorsement from my parents/guardian (if under 18 years of age)
- consent to release information

Student Signature: _____ **Date:** Click or tap to enter a date.

Parent/Guardian Signature: _____ **Date:** Click or tap to enter a date.
(if under 18 years)