**WORK EXPERIENCE/PLACEMENT FORM**

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| DETAILS OF THE WORK EXPERIENCE ROLE SOUGHT |

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| **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. |

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| PERSONAL DETAILS |

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| **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. |

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| EXPRESSION OF INTEREST RESPONSE |

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| **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)