



Application for Work Experience Consideration

Student Details

Name: _____ Contact Number: _____

DOB: _____ School/ Organisation: _____

Certificate/ Qualification you are completing (if applicable): _____

School/ Organisation Details

Teacher/ Work Experience Coordinator Name: _____

Contact Number: _____ Fax Number: _____

Email: _____

Placement Details

Department you would like to do your placement: _____
(Please specify: i.e. South West Sports Centre – Crèche)

Dates you would like to do your placement: _____

- Monday Tuesday Wednesday Thursday Friday Saturday
 Sunday Any

How many hours need to be completed: _____

Reason for wanting to complete your placement in this area: (to be completed by student)

Insurance

Does your School/ Organisation provide insurance? _____

Please list any health conditions/ allergies that the City of Bunbury should be made aware of:

(e.g. Epilepsy, Asthma)

Do you identify and Aboriginal or Torres Strait Islander Yes No

Are you a candidate with a Disability Yes No

Do you require any reasonable adjustments or support Yes No

If yes please detail: _____

All parts of this form need to be completed for your placement to be considered.

While we do endeavour to place everyone in their requested area, please understand that not all requests can be met.