|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PLACEMENT DETAILS:** | | | | | | | | | |
| Industry | |  | | | | | Occupation | |  |
| Preferred Dates/Days | | **Mon Tue Wed Thu Fri One-Week Block Two-Week Block** | | | | | | | |
| Starting Date | |  | | | End Date | | | |  |
| Total Days/Hours | | Days, Hours | | | | | | | |
| Business Name | |  | | | | | | | |
| Opportunity Code | |  | | | | | | | |
| **STUDENT DETAILS:** | | | | | | | | | |
| First Name | |  | | | | | Last Name | |  |
| Gender | | Female Male Non-Binary Prefer not to disclose | | | | | | | |
| Year Level | |  | | Age: | | | |  | |
| Name of course you are currently studying | | |  | | | | | | |
| Do you have a disability, or require extra support in the workplace? If YES, please specify. | | |  | | | | | | |
| Please indicate any relevant Occupational Health & Safety Training you have undertaken:  (*For example, Safe@Work/VET OH&S units, do you have white card?)* | | | | | | | | | |
| What skills and personal attributes would you bring to this position? | | | | | | | | | |
| **SCHOOL DETAILS:** | | | | | | | | | |
| School Name: | |  | | | | | | | |
| Name of coordinator: | |  | | | | | Position: | |  |
| Email: |  | | | | | Phone: | |  | |
| Teacher’s comment (Information that INLLEN and employer need to be aware of, so we can prepare for a valuable placement experience for both student and employer): | | | | | | | | | |

**PLEASE FORWARD COMPLETED APPLICATION FORM AND RUSUME TO**: Donna O’Donoghue at [dodonoghue@inllen.org.au](mailto:dodonoghue@inllen.org.au)

***Note: Submission of the application form does not guarantee placement.***

***You will be contacted should your application be successful.***