

IMPORTANT:

All parts of this form must be completed for your Work Experience Request to be considered.
For further information contact People Services on 9257 9999 or hr@kalamunda.wa.gov.au

Personal Details	
Name of Student:	Mob:
Name of School/Institution:	
Contact Name at School/Institution:	Ph:
Contact Email of School/Institution:	
Parent / Guardian contact name and number:	
What is your current level of study?	
If university, what is your major?	Practicum recognition?
Please describe your studies and work experience relevant to the experience your are seeking:	

Placement Details	
Area of interest:	
Are you seeking a:	Block Placement or ___ Day/s per week over ___ weeks
Days of placement:	Monday Tuesday Wednesday Thursday Friday
Commencement date:	___ / ___ / ___
Last date of placement:	___ / ___ / ___ Please note : One term at a time accepted initially

Additional Details

To assist in assessing opportunities for your placement, in the appropriate type of work please indicate whether you have a physical or mental disability or injury likely to affect your performance, which could recur or be aggravated by the type of work experience that you are applying for: Yes / No (please circle)

If Yes, please indicate:

1. Type of disability / injury? _____
2. Any special requirements? _____
3. Is any medication required? _____
4. Emergency contact details: _____

Insurance

Once a placement has been accepted you must provide People Services with your Indemnity Insurance paperwork PRIOR to commencement to assure the City of Kalamunda that you are covered for the duration of the placement.

Office Use Only –

Processed by:

Date:

Please email this request to hr@kalamunda.wa.gov.au