If you would like to apply for work experience/placement with the Whyalla City Council, simply complete this application form at least four (4) weeks prior to your requested dates, to allow sufficient time for your request to be considered and coordinated.

Participants must be registered with a recognised school or tertiary institution agency that covers them for personal insurance and public liability.

Council will endeavour to provide work experience whenever possible, however, this is not always possible due to the availability of resources and workplace health and safety requirements.

You will be advised within five (5) working days of the outcome of your application for work experience.

For more information on our work experience program, email human.resources@whyalla.sa.gov.au or phone (08) 8640 3444 and ask to speak to a member of the People and Culture Team.

**Student Details:**

Full Name: First Name:       Surname:

Residential Address:

Suburb:       State:       Post Code:

Email Address:

Telephone: mobile:       other:

Date of Birth:

Do you identify as a person of Aboriginal / Torres Straight decent? Choose an item.

**Emergency Contact:**

Primary Contact Full Name:       Relationship to contact: Choose an item.

Address:

Suburb:       State:       Post Code:

Telephone: mobile:       other:

**Medical Information:**

Do you identify as a person with a disability or impairment? Choose an item.

If yes, please state if any special requirements may be needed for the work area:

Allergies:

Health / Medical Conditions:

**Educational Details:**

Reason for Placement: Choose an item.

If other, please indicate why you are requesting this placement

Current Place of Education:

Current Year Level/Qualification:

Education Contact Person: Full name:       Phone:

Email Address:

**Work Experience Details:**

Preferred Dates of Placement: Date from:       until:

Preferred hours per day/week:

In order of preference, what type of work experience are you interested in?

1.

2.

Briefly describe what interests you about this work and what you would like to learn during your placement and why?

Other comments or information you would like to provide to support your application:

**Declaration:**

*I,* ***acknowledge and declare,*** *that the information given on this form is true and correct.*

      

 *Name Signature Date*

**Insurance:**

All work experience participants are required to be covered by the following insurance:

* Indemnity / Public Liability

Placements will only be confirmed when proof of insurance or the Education Institution Workplace Agreement Form is signed by the School/University/Tafe and provided to the Whyalla City Council.

**PLEASE RETURN COMPLETED FORM TO PEOPLE AND CULTURE**

**human.resources@whyalla.sa.gov.au**

***P&C use only:*** *Date received by P&C:*        *Actioned by:* Choose an item.

*[ ]  Work experience request forwarded to relevant department for consideration*

*[ ]  Application Approved / [ ]  Application Declined*

*[ ]  Applicant notified within 5 working days of outcome*

*[ ]  Signed Workplace Agreement Form received*

*[ ]  Induction links and checklist issued to supervisor ready for first day*

*[ ]  Work experience spreadsheet updated*

*[ ]  Documentation recorded to 5-52*