

MANDURAH CATHOLIC COLLEGE VET WORK PLACEMENT APPLICATION

STUDENT D	ETAILS										
Name:							Birth Da	Birth Date:			
Address:						Mobile:	Mobile:				
Suburb:						Post Co	Post Code:		Current Year:		
Email:								1			
WWW.USI.G	GOV.AU										
USI											
NUMBER											
EMERGENCY	CONTACT	DETAILS									
Parent/Guardian Name:											
Email address: Mobile:							Mobile:	e:			
Address:	Address:										
CTUDENT/C	ANTICIDAT	ED VOCAT	ION								
STUDENT'S ANTICIPATED VOCATION											
I would like to be a:											
EMPLOYMENT AND VOLUNTARY WORK											
Business Na	me:										
Duties:											
Start date: Finish da					ate:	e:					
TRANSPORT	DETAILS -	· Tick ALL a	areas the s	tudent can	get to, add	l other are	as				
□ Mandurah					□ Perth		ther				
How will you	u travel to \	WPL?									
□ Parent □	□ Train/Bus	□ Push	Bike 🗆 Ov	wn Vehicle							
PARENT/GU	ARDIAN CO	DNSENT									
I, (Parent/Guardian Name)											
 Consent to my child undertaking Workplace Learning Understand I am responsible for arranging transport to and from the workplace 											
 Give permission for the College to pass on any relevant health information to the host employer if necessary Understand that until this form is fully completed and returned my child will not be allocated a 											
wor	k placeme erstand my	ent									
Student's Si		cima may	oc be and	Jaca one	or the plac		Date:	J~ £			
Parent's Signature:								Date:			

NOTE: STUDENT WILL NOT BE ALLOCATED A PLACEMENT UNTIL BOTH PAGES OF THIS FORM ARE COMPLETED, SIGNED BY A PARENT AND RETURNED TO THE VET OFFICE

STUDENT DETAILS							
Name:	Suburb:		WPL Day:				
Training Provider/TAFE/ Murdoch Uni and Location Eg: SMIT - Rockingham	irdoch Uni and Location		icate Name bing (Plumbing prenticeship)	Duration & Day Eg: 1 year			
STUDENT'S HEALTH							
Does your child have a disability, pre-existing illness or medical condition which needs to be considered, and any potential host employer needs to be notified of, before negotiating their work placement? □ Yes □ No							
Detail:							
STUDENT TO LIST 4 WORK F							
Students may be placed in a" like" business, including business location. Remember to consider transport requirements when listing preferences) - CONTACT WITH HOST EMPLOYERS WILL BE MADE BY THE COLLEGE							
BUSINESS 1							
Business Name:							
Contact Person (if known):							
Address:	Phone:						
BUSINESS 2							
Business Name:							
Contact Person (if known):							
Address:			Phone:				
Thomas and the second s							
BUSINESS 3							
Business Name:							
Contact Person (if known):							
Address:			Phone:				
BUSINESS 4							
Business Name:							
Contact Person (if known): Address:			Phone:				