

Application for Work Experience

Surname:				Given name:			
Contact address: (include postcode)							
Phone number:	(H)			(W)			(M)
Requested placement dates:	From:				To:		
Current course of Study (or level at School):							

Education/Training Body

Institution name:			
Address:			
Contact person:			
Contact phone number:			

<p>Please tick your area(s) of study or interest:</p> <table> <tr> <td><input type="checkbox"/> Administration/clerical</td> <td><input type="checkbox"/> Information Technology</td> <td><input type="checkbox"/> Records Management</td> </tr> <tr> <td><input type="checkbox"/> Finance</td> <td><input type="checkbox"/> Planning/Building</td> <td><input type="checkbox"/> Environmental Management</td> </tr> <tr> <td><input type="checkbox"/> Parks & Reserves</td> <td><input type="checkbox"/> Engineering</td> <td><input type="checkbox"/> Library Services</td> </tr> <tr> <td><input type="checkbox"/> Community Development</td> <td><input type="checkbox"/> Leisure Services</td> <td><input type="checkbox"/> Tourism</td> </tr> </table>				<input type="checkbox"/> Administration/clerical	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Records Management	<input type="checkbox"/> Finance	<input type="checkbox"/> Planning/Building	<input type="checkbox"/> Environmental Management	<input type="checkbox"/> Parks & Reserves	<input type="checkbox"/> Engineering	<input type="checkbox"/> Library Services	<input type="checkbox"/> Community Development	<input type="checkbox"/> Leisure Services	<input type="checkbox"/> Tourism
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<p>Please tick items below and sign your acknowledgement of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am over 18 years of age* <input type="checkbox"/> I am currently studying at an accredited education/training body and they will provide required insurance for the period of the placement <input type="checkbox"/> I understand that this work experience would be an unpaid placement <input type="checkbox"/> I have attached a copy of my resume with this application. 															
Applicant signature:			Date:												
Guardian Signature:			Date:												
<p>* Guardian signature is required if the applicant is under 18 years of age.</p>															

Thank you for your interest in work experience at the City of Armadale. Your application will be forwarded to the relevant Department Manager who will assess if there are available resources to accommodate your request and the Human Resources Department will advise you of the outcome accordingly.

