

WORK EXPERIENCE REQUEST

Full Name:

Address:

Contact No (Home): **Mobile:**

Email:

QUESTIONS

If you are completing this request on behalf of a student, what is the student's name?

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Is your work placement application a school or university endorsed requirement? Yes No

What is the name of your school or university?
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What class at school or year of university are you in?
.....

Which area of Council would you like to complete your work experience/internship?
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.....

Do you have a set number of hours or days you are required to complete as part of your work experience or internship? Yes No

If yes, how many hours or days are you required to complete?
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Please indicate the dates you would like the placement to occur?
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Briefly explain how work experience in this area of Council is relevant to your current or future career plans?
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Do you hold a current driver's licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you require any additional support to assist you throughout the work placement?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please detail the support required				
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.....				
Do you have any special needs which Council needs to be aware of?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please detail these				
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.....				
Is there any other information Council should know regarding your application?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details				
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.....				

Please return your completed form to careers@bathurst.nsw.gov.au

An employee from Council's Human Resources section will be in contact with you regarding the outcome of your Work Experience Request.

For any queries, please contact Human Resources on 6333 6234.