

## WORK PLACEMENTS

### WEXP / SWL PROCEDURE AND CHECKLIST

- Application received from school –Work Placement application form along with the Arrangement form (Work Experience (WE) or Structure Workplace Learning (SWL) Form) student details must be completed (first page). Both completed Application Request Form and Arrangement Form must be submitted via **email to: [erlinda@bblllen.org.au](mailto:erlinda@bblllen.org.au). at least 6 weeks** prior to the required starting date.
- BBLLEN will contact appropriate supervisor at Latrobe City Council (LCC) and will attached both forms WE/SWL form and Application Request form. **Each student application is considered individually, for 1 term only.**
- **Provisional Placement Approved** by LCC Staff by signing the Employer Acknowledgement section (employer to sign) of the arrangement form signed and dated the form and return this via **email to: [erlinda@bblllen.org.au](mailto:erlinda@bblllen.org.au).**
- Once BBLLEN staff received the signed provisional arrangement form from LCC supervisor, BBLLEN staff will send the following documents to career adviser to complete the process by completing all forms with their student. These are:
  - For principal signature**
    - Work experience arrangement form or;
    - SWL arrangement form
  - For Student to complete**
    - Confidentiality Statement Form
    - Statement by Supplier Form (for payment purposes)
    - Supplier Application Form (for payment purposes)
    - Student Excursion Medical Form
- All of the above paperwork needs to be completed at the earliest or no later than **three (3) weeks** prior the student commencing. Please note that if any the paperwork above are incomplete the placement cannot go ahead. Ensure that all paperwork above must be completed and return these via **email to: [erlinda@bblllen.org.au](mailto:erlinda@bblllen.org.au).**

These documents need to be forwarded to the relevant supervisor at LCC (eg: Julie Griggs for Family Services)

- A confirmation letter to student will be issue by BBLLEN staff and this will be copied to career adviser and the supervisor.

- **Not approved** – will advise school ASAP

For all Latrobe City Council student placement to contact  
Erlinda James 5633 2868 or mobile 0419 298 064



# Work Placement Application Form

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION

School attending: \_\_\_\_\_ Year level in: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: Female / Male

Given Names (all): \_\_\_\_\_

Family Name or Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb / Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Does student identify as Aboriginal and/or Torres Strait Islander?  Yes  NO

If yes, would they like to speak to an Aboriginal staff member @ Latrobe?  Yes  NO

Do you require a:-

Work Experience Placement (5 day/week long block)

Date requested: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

OR

Structured Workplace Learning Placement SWL (*one day per week for duration of school term*)

Starting date requested: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Preferred Day of the week: \_\_\_\_\_

Are you studying VCE or VCAL?  VCE  VCAL  Year 10

Are you undertaking VET studies: YES NO

Which course: ( e.g Cert II in Engineering at Fed Training, Yallourn)

In which department do you require a placement? *Please note some departments are unavailable*

- |   |   |
|---|---|
| <input type="checkbox"/> Aged/Disability, Home/Community Care (HACC)    | <input type="checkbox"/> Latrobe Regional Airport       |
| <input type="checkbox"/> Business Administration/Information Management | <input type="checkbox"/> Latrobe Regional Gallery       |
| <input type="checkbox"/> Engineering                                    | <input type="checkbox"/> Libraries                      |
| <input type="checkbox"/> Local Laws                                     | <input type="checkbox"/> Parks & Gardens                |
| <input type="checkbox"/> Finance  | <input type="checkbox"/> Planning & Building            |
| <input type="checkbox"/> Indigenous Employment                          | <input type="checkbox"/> IT                             |
| <input type="checkbox"/> Sport & Recreation                             | <input type="checkbox"/> Latrobe Performing Arts Centre |
| <input type="checkbox"/> Family Services/ Child Care/Preschool          | <input type="checkbox"/> Events Management              |
| <input type="checkbox"/> Family Services Administration                 | <input type="checkbox"/> Tourism                        |
| Moe Place, Morwell HQ, Immunisation, MCH                                | <input type="checkbox"/> Health Department              |

Preferred Location/Name of Centre \_\_\_\_\_

Why do you want to undertake a work placement at Latrobe City?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***I understand that submission of this form does not guarantee an offer of a work placement***

***Student signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_/\_\_\_\_/\_\_\_\_

***Please ensure your school Careers adviser/Work Experience Coordinator completes the section below***

As a representative of (Name of school) \_\_\_\_\_ ,  
I endorse and support this student's application.

Careers/VETis/Work Experience Coordinator's Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**This completed application form must be returned by email to the BBLLEN at  
least 6 weeks prior to the required starting date, email to:  
erlinda@blllen.org.au**

**For further information: contact Erlinda James 5633 2868 or mobile  
0419 298 064**

