



Appendix 5.18

Student Placement Information Form

SECTION A

(TO BE COMPLETED BY STUDENT)

NAME: _____ (Surname) _____ (First Name/s)

ADDRESS: _____
_____ Postcode: _____

EMAIL: _____

TELEPHONE: _____ (Home) _____ (Mobile)

DATE OF BIRTH: / /

QUALIFICATION TITLE: _____

PLACEMENT HOURS REQD: _____

TRAINING ORGANISATION /
COLLEGE / UNIVERSITY _____

ADDRESS: _____

CONTACT PERSON: _____

EMAIL: _____

TELEPHONE: _____ (W) _____ (M)

SECTION B

(TO BE COMPLETED BY EMPLOYER)

HOST PROGRAM: _____

HOST SUPERVISOR: _____

Confidentiality Agreement Signed: YES NO

Suitability Card Sighted: YES NO If Yes, number on card: _____

COMMENCEMENT DATE: / /

AUTHORISED BY: _____

SIGNATURE: _____ DATE: / /