APPLICATION FOR WORKPLACEMENTS

To be completed by VET teacher and forwarded to VET Coordinator

SCHOOL:	**COURSE:**	**CERT LEVEL:**	**YEAR:**
TEACHER:	**NUMBER OF STUDENTS:**	**W/P DATES**	**FROM:** **TO:**
TEACHER PHONE/MOB:	**FAX NO:**	**EMAIL:**	**DATE RECEIVED:**

STUDENT NAME	**M** (√)	**F** (√)	**INDIGENOUS** (Y/N)	**SPECIAL NEEDS** (Y/N)	**NESB** (Y/N)	**STUDENT INFORMATION** Eg. Out of town student, student ability, interest area, ability to work split shifts, suggested employers, RPL, Special needs details.

Please return to : Workplacement Coordinator – Fiona Carroll
Wagga Wagga Office – Level 1, 112 Fitzmaurice Street, P O Box 51, Wagga Wagga 2650
Ph: 02 69319300 Fax: 02 69319301 E: info@compact.org.au Fiona: fiona@compact.org.au