



Training and Development Provider

Semester 2 - 2010 Structured Work Placement Request Form

(For Retail or Hospitality (AHTS & TIME) students only)

*Students please complete this form and return it to your VET Coordinator with your student enrolment form.
The information provided will be used to match you to a Structured Work Placement.*

VET COURSE NAME: _____

First Name: _____ **Surname:** _____

Date of Birth: _____ **Age:** _____

Student Address: _____

Student Telephone: _____

Parent/Caregiver's Name: _____

School: _____

Trainer/Facilitator: _____

Preferences (NB no guarantees): _____

Eg: **Retail:** department store, boutique, sports store, clothing store, makeup department

Hospitality: large international Hotel, Café, Restaurant.

Please indicate your preferred for placement: City Close to home (please tick ✓)

Please indicate the SUBURB: _____

Other preference for placement: _____

Dates of placement: Please select your week's preference (✓) or this will be selected by INAP on your behalf.

| Semester 2 (Sep/Oct School Holidays) | |
|--|--------------------------|
| Week 1 – 27 Sep 10 – 1 Oct 10 | <input type="checkbox"/> |
| Week 2 – 4 Oct 10 – 8 Oct 10 | <input type="checkbox"/> |
| <i>Other – please specify dates</i> <input type="checkbox"/> | |

Please note: Mon 4 Oct 10
Is a Public Holiday (Labour Day)

Please list current place of employment (if applicable): _____

Any special conditions we need to consider? (Health, etc): _____

VET Coordinators signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____