



Training and Development Provider

# Semester 2 - 2011 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 (October School Holidays)	
<b>Week 1 – 3 Oct – 9 Oct 2011</b>	<input type="checkbox"/>
<b>Week 2 – 10 Oct – 16 Oct 2011</b>	<input type="checkbox"/>
<i>Other – please specify dates</i> <input type="checkbox"/> .....	

Please note: Mon 3 Oct 2011  
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:** \_\_\_\_\_