

Semester 2 - 2010

Structured Work Placement Request Form

Pharmacy students only

Semester 2 (September / October School Holidays)

27 September – 8 October 2010

Students please complete this form and return it to your trainer at the first lesson.

The information provided will be used to match you to a Structured Work Placement provider

First Name: _____ Surname: _____

Date of Birth: _____ Age: _____

Student Address: _____

Student Telephone: _____

Parent/Caregiver's Name: _____

School: _____

VET Course: _____

Trainer/Facilitator: _____

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

Other: _____

Transport: please indicate how you will be getting to your placement:

Parents Driving Self Public Transport (please tick ✓)

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: _____