

STUDENT PLACEMENT 2018 EXPRESSION OF INTEREST FORM

NAME:													
SUBURB OF RESIDENCE:													
PHONE:													
EMAIL:													
COURSE STUDYING:													
INSTITUTE:													
TOTAL HOURS TO BE COMPLETED:													
DATES PLACEMENT REQUESTED:													
AVAILABILITY: Please check the box and add the hours you are available	<table border="1"> <thead> <tr> <th>DAY</th> <th>HOURS</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Monday</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Tuesday</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Wednesday</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Thursday</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Friday</td> <td>_____</td> </tr> </tbody> </table>	DAY	HOURS	<input type="checkbox"/> Monday	_____	<input type="checkbox"/> Tuesday	_____	<input type="checkbox"/> Wednesday	_____	<input type="checkbox"/> Thursday	_____	<input type="checkbox"/> Friday	_____
	DAY	HOURS											
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	<input type="checkbox"/> Tuesday	_____											
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	<input type="checkbox"/> Thursday	_____											
<input type="checkbox"/> Friday	_____												
PORTFOLIO AREAS OF INTEREST: NB: not all opportunities may be available at time of placement	<input type="checkbox"/> Vulnerable young people <input type="checkbox"/> Arts <input type="checkbox"/> Multicultural/ CALD <input type="checkbox"/> Wellbeing <input type="checkbox"/> Recreation <input type="checkbox"/> Family strengthening <input type="checkbox"/> Youth Participation <input type="checkbox"/> Aboriginal												
	other: _____												
	<input type="checkbox"/> Program Facilitation <input type="checkbox"/> Policy/ Strategy/ Research Please provide more information: _____ _____												
	FOCUS OF PLACEMENT:												
	Do you have a current WORKING WITH CHILDREN:												
	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	REFEREES: Please provide 1 referee from your current university course and 1 referee from previous placement (3 rd year students).	Name: Phone: Organisation:											
	Name: Phone: Organisation:												

PLEASE COMPLETE THIS FORM AND RETURN ALONG WITH YOUR RESUME TO
baseline@whittlesea.vic.gov.au
 Write "STUDENT PLACEMENT" in the subject line
 Baseline will be in contact with all applicants when the placement rounds are open.