

PERSONAL DETAILS									
Surname			Given Names						
Postal Address									
Suburb				State		Postcode			
Home Phone			Mobile Phone						
Email									
Gender	Male	Female	Date of Birth]/	Ag	e		
High School	Yes	No	Current Grade in High	ırrent Grade in High School 10 11 12					
University/Tafe	Yes No								
University/Vocational Educational Students What qualification are you currently studying									
Do you have any physical or medical limitations or are you on any medication or under any course of treatment which might limit your ability to perform certain types of activities?									
*If yes, please des	scribe				8.9				
EMERGENCY CONTACT DETAILS									
Relationship to you (e.g. parent, guardian, partner etc)									
Surname			Given Names						
Home Phone			Work Phone						
Mobile			Email						
SCHOOL/EDUCATIONAL INSTITUTION INFORMATION									
Co-ordinator's Na	ime		Email						
Phone			Mobile						
Name of School/Educational Institution (Uni/Tafe)									
Postal Address									
Suburb				State		Postcode			

WORK EXPERIENCE PLACEMENT REQUEST DETAILS									
Area of Interest									
Dates of Placement*	From /		То						
*NB You will need to start	on a Tuesday at a full council i	nduction							
Days available	1onday 🗌 Tuesday 🗌	Wednesday	Thursd	ay Friday					
How many days/hours do you require to meet course requirements (e.g. 100hrs, 5 days etc)									
What would you like to learn/cover during your work experience?									
Where did you hear about Ipswich City Council's Work Experience Program?									
School/University	Guidance Officer	Family	Friends	Other (please specify below)					
Student's Signature			Date						
WORK EXPERIENCE PLACEMENT REQUEST DETAILS									
Students are required to complete this form, and send it to us at least four weeks before the desired work experience timeframe. Ipswich City Council's staffing resources are such that we need time to plan ahead to ensure a meaningful work experience placement for you.									
and operational requireme a place in your chosen fiel carefully about the type o	nts. Places are limited and inter	rest is high, so e ultation with th ould like to und	early applications neir teachers, lec ertake within Ip						
	se contact the People and Cult								
HOW TO APPLY									
1. Complete the Work Exp 2. Attach a current resumé									
LODGEMENT Please loo	dge your completed applicatior	n form to:							
Post		Email							
People and Culture Branch Ipswich City Council PO Box 191 IPSWICH QLD 4305	<u>WorkExperience@ipswich.qld.gov.au</u>								

Ipswich City Council is collecting your personal information in accordance with Council's Local Laws and/or relevant legislations so that we can manage a variety of processes concerning the processing of this application. We will not disclose your personal information outside of Council unless we are required by law or you have given your consent. However, in order to perform the above functions, we may need to disclose your personal information to the Chief Executive Officer who may in turn make this information available to others in accordance with the Act or as required by law.