

PERSONAL DETAILS			
Surname:		Given Names:	
Postal Address:			
Suburb:		State:	Postcode:
Home Phone:		Mobile Phone:	
Email:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:	Age:
High School: <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Grade in High School <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		University/Tafe: <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please describe _____			

EMERGENCY CONTACT DETAILS	
Relationship to you (eg. parent, guardian, partner, etc)	
Surname:	Given Name:
Home Phone:	Work Phone:
Mobile:	Email:

SCHOOL/EDUCATIONAL INSTITUTION INFORMATION		
Co-ordinator's Name:	Email:	
Phone:	Mobile:	
Name: School/Educational Institution (Uni/Tafe):		
Postal Address:		
Suburb:	State:	Postcode:

WORK EXPERIENCE PLACEMENT REQUEST DETAILS
Area of Interest:
Dates of Placement: From ___/___/___ to ___/___/___
Days Available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
How many days/hours do you require to meet course requirements (eg 100hrs, 5 days, etc):

WORK EXPERIENCE PLACEMENT DETAILS CONTINUED	
What would you like to learn/cover during your work experience?	
Where did you hear about Ipswich City Council's Work Experience Program? <input type="checkbox"/> School/University <input type="checkbox"/> Guidance Officer <input type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> Other (please specify) _____	
Student's Signature:	Date:

WORK EXPERIENCE APPLICATION INFORMATION

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.

While every effort is made to accommodate requests, we cannot guarantee acceptance due to the popularity of the program and operational requirements. Places are limited and interest is high, so early applications are most likely to succeed in gaining a place in your chosen field. We urge all students, in consultation with their teachers, lecturers, peers and parents, to think carefully about the type of work experience that they would like to undertake within Ipswich City Council.

The Business Services and Support Branch will advise in writing as soon as an outcome has been determined.

For further enquiries, please contact the Business Services and Support Branch on (07) 3810 6048.

HOW TO APPLY

1. Complete the Work Experience Application Form
2. Attach a current Resumé.

Please forward this application and your resumé to:

Business Services and Support Branch
 Ipswich City Council
 PO Box 191
 Ipswich QLD 4305

or Email: WorkExperience@ipswich.qld.gov.au