

WORK EXPERIENCE APPLICATION FORM FOR SCHOOLS

 Sunnyfield Site: Allambie Chatswood Western Sydney

Student Details

Surname		
First Name(s)		Date of Birth
Address		
Telephone Number		Mobile
School Year		

School Details

Name of School		
Work Experience Coordinator/Emergency Contact		
Address		
Telephone Number		Mobile
Email Address		
Teachers' Aide/Carer to Supervise	Yes <input type="radio"/>	No <input type="radio"/>
Name/s		Mobile

Other Emergency Contacts

Name		
Relationship to Student		
Telephone Number		Mobile

Medical Information

Does the student have any medical conditions?	<input type="radio"/> YES <input type="radio"/> NO
Please describe	
Is the student taking any medication?	<input type="radio"/> YES <input type="radio"/> NO

Additional Information

Travel Arrangements	
Any other additional supports required	
Insurance Coverage	

Work Experience Placement Details

Start Date					End Date					
	Mon	Tue	Wed	Thu	Fri					
Start Time										
Finish Time										

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Declaration

I _____, declare that ***I understand that I will not receive payment for this work experience program***, and agree to abide by the policies of the Sunnyfield and to follow any reasonable directions by service staff. I declare that I have disclosed any relevant information to Sunnyfield which may assist with the provision of support to me whilst undertaking the work experience program (e.g. medical information, behaviour management strategies).

I understand that the Work Experience program may be ended at any time, by either party without reason (i.e. Sunnyfield Enterprises or the Applicant).

NOTE:

I have received a copy and agree to comply with Sunnyfield Work Rules, Dress Code and Code of Conduct.

	Name	Signature	Date
Student			
Person Responsible/ Family Member			
Work Experience Coordinator/Teacher			
Sunnyfield Representative			

To enable Sunnyfield to better support me with service delivery that is relevant to my needs and goals, I _____ give consent to Sunnyfield to send me any relevant promotional materials that relate to the delivery of support services and/or to contact me directly to discuss any further support service opportunities

Yes

No