

# **Student Application Form**

To be considered for Workplace Learning you must complete this form.

Applicant Information					
Pronoun:	Surname:	Giv	en Name/s:		
Home Address:					
Suburb:		State: Post C		Post Code:	
Phone:		Email:			
Date of Birth:		Gender:			
Parent / Guardian:		Phone:			
Special Needs / Limitations:					
Workplace Learning Application Details					
<ul><li>Work Experi</li><li>Practical Place</li></ul>	ence cement hours required		Structured Workplace Lear	ning	
List two (2) possible dates for your Workplace Learning. We will make all efforts to accommodate your first					
preference.					
First Preference Date					
		Fin	ish Date:		
Second Preference Date		Ein	ich Data:		
Start Date: Fi			ISH Date		
What day/s would you be attending: <ul> <li>Monday</li> <li>Tuesday</li> <li>Wednesday</li> <li>Thursday</li> <li>Friday</li> </ul>					
-	rest you for your work placement:			'y	
□ Administrati			Recyclability		
□ Information		Murray River Tea Rooms			
Disability Su			Community Activities		
Do you have any convictions, finding of guilt and/or pending police charges against you relating to the abuse of, or inappropriate behaviour towards a child, elderly or vulnerable person? If yes, please provide details below:					
Have you lived, worked or travelled overseas for more than 12 consecutive months in the past ten years?					
Aboriginal or Torres Strait Islander:				🗖 Yes 🗖 No	
Do you have access to a smart phone?				🗖 Yes 🗖 No	
Language spoken other than English:					
What skills/ interest do you have?					



Education Institution	
School Name:	
School Address:	
School Contact:	Contact Signature:
School Phone:	Student Year Level:
Course of Study:	

### **Conditions of Placement**

1. Work placements are only available to students from approved Educational Institutions (private/public schools, TAFE &/or universities.

2. Dress requirements during placement are neat and tidy clothing, suitable for the work environment.

3. Information obtained whilst undertaking a work placement is deemed confidential and must not be shared. The *Confidentiality Agreement* must be signed before the application can be processed.

4. All educational institution Work Placement Arrangement Forms must be completed prior to placement commencing and a copy of their insurance that covers students must be provided.

### **Confidentiality Agreement**

During your workplace learning time at Community Living & Respite Services (CLRS) or at any time afterwards, you must take all reasonable and necessary precautions to prevent the disclosure of any confidential information relating to CLRS operations, except in the ordinary and proper course of your involvement with CLRS.

In accepting an offer to undertake workplace learning at CLRS I agree to and understand that I will not make any improper disclosure or use of:

- Any information or trade secrets of CLRS
- The position of CLRS on any confidential matter
- Any other information disclosure or use of which may be detrimental to the interests of CLRS or of any other person who has provided it to CLRS on a confidential basis, except for any disclosure required by law.

I will use my best endeavours to prevent the improper publication or disclosure or use of any such information by anyone else.

Disclosure of confidential information may result in cessation of your workplace learning plan. I understand that this signed document may be used as evidence if I breach this agreement.

## The following documents must be supplied with this form

NDIS Worker Orientation Module certificate <u>https://training.ndiscommission.gov.au/login/index.php</u>

COVID-19 Vaccination evidence (3 doses or medical exemption)



Students over the age of 18 years will require a NDIS Worker Screening Check before commencing placement. Details can be found at <u>https://www.vic.gov.au/ndis-worker-screening-check</u>. A Working with Children Check may also be required depending on placement location.

#### **Student Declaration**

I certify that the information given herein is a true and accurate statement and I understand that I am liable to have my workplace learning placement terminated if any details in the application are found to be falsified. If successful in my application and in accepting a placement role with Community Living & Respite Services, I fully understand that all information concerning the organisation and its clients is strictly confidential and any unauthorised disclosure of such information will be regarded as a breach of trust and may result in termination of my placement.

I agree to abide by the organisation's policies and procedures and to comply with the safety rules and procedures and safe working practices.

Print Name:

Student Signature:

Authorised Manager for Community Living & Respite Services			
Signature:	Date:		
Print Name:	Position:		

Return to Community Living & Respite Services, 26A Percy Street, Echuca or email hr@clrs.org.au