

Customer Contact **1300 COUNCIL (1300 268 624)**

07 4679 4000

www.wdrc.qld.gov.au

info@wdrc.qld.gov.au



Request Work Experience

IMPORTANT NOTICE

Western Downs Regional Council is collecting personal information you supply on this form in accordance with the *Local Government Act 2009*. The personal information collected on this form will be used for work experience placement purposes. Your personal information will be accessed by persons who have been authorised to do so. Your information will not be given to any other agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*. Western Downs Regional Council reserves the right to terminate work experience contracts at any time.



Customer Details

Surname:		First name(s):	
Date of birth:	/ /		
Address:			
Suburb:		Postcode:	
Phone (h):		Email Address:	



Request Details

Name of School or Community Organisation:			
Year Level / Course Name			
School / Organisation Contact Name:		Contact Number:	
Preferred date of placement:	From: / / To: / /		
Hours of placement:	Hours per day:		Total Hours Required:
Preferred Location:	<input type="checkbox"/> Chinchilla <input type="checkbox"/> Dalby <input type="checkbox"/> Jandowae <input type="checkbox"/> Miles <input type="checkbox"/> Tara <input type="checkbox"/> Wandoan <input type="checkbox"/> Other: _____		

Work Experience Type (please tick)

<input type="checkbox"/> Vocation Placement (Formal work experience placement through an educational institution e.g. Secondary School, TAFE, University)
<input type="checkbox"/> Community Placement (Work experience placement through a Community Organisation who work with disadvantaged community members)
<input type="checkbox"/> Non Structure Work Placement (Work experience that does no form part of a formal placement through a school or organisation)

Placement Details

Please indicate up to three area/s you would be interested in completing work experience in (for more information on what services we provide, please refer to our website www.wdrc.qld.gov.au)

1.
2.
3.



What are you hoping to achieve as part of the placement?

For Outdoor Placements Only:

Please confirm that you will be able to provide your own **Personal Protective Equipment (PPE)** which includes steel cap safety boots, long sleeve shirt and pants, broad brim hat, sunscreen and water bottle for the duration of the placement:

☐ Yes ☐ No

Do you hold a **Construction Induction White Card** -this is a requirement under Part 6.5, Division 1, Section 317 of the Work Health & Safety Regulation 2011 (please email evidence of attainment prior to your work experience commencement):

☐ Yes ☐ No

Emergency Contact Details of the Work Experience Participant

Name:
Relationship to participant:
Contact number/s:

Insurance Details (please tick)

<input type="checkbox"/> Participant covered by educational institution insurances (Certificate of Currency to be provided with application)
<input type="checkbox"/> Participant covered by community organisation insurances (Certificate of Currency to be provided with application)
<input type="checkbox"/> No insurance coverage provided by participating organisation or institution



Signature of Student or Work Experience Coordinator

I declare that the above information is true and correct.

Signature:	Name:	Date: / /
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MODEL CONSENT (for parents/legal guardians of children)

I hereby consent to Western Downs Regional Council collecting, using, publishing or reproducing my and/or my children's personal information, including but not limited to my name, details, image and recording in any form (in whole or in part) and by any medium, including but not limited to newspapers, magazines, brochures, television advertisements, newsletters, promotional videos, websites, CD-ROM or other multi-media, for public relations, promotions, commercial and advertising purposes. I agree to my and/or my children's personal information being disclosed to authorised users of Council's image library in connection with the above uses.

Name (print): _____

For parents/legal guardians of children (if applicable)

I declare that I am the parent/legal guardian of the following child or children

☐ I do not consent

Signature: _____

Date: _____

Preferred Contact Details: _____

Please email your completed request to: info@wdrc.qld.gov.au



Office Use Only

To be completed by Supervisor prior to commencement of the Work Experience Placement

Department:		Location:	
Supervisor name:		Contact Number:	
Supervisor Working with Children Check (required if participant is under 15 years of age only): This is only required for work if the placement is for at least: <ul style="list-style-type: none">• Eight consecutive days, or• Once a week for each week during a period of four weeks, or• Once a fortnight for each fortnight during a period of eight weeks, or• Once a month for each month during a period of six months			
Working with Children Check Number:			
Location of Work Experience Placement:			
Date of Placement:	From:	/	/
	To:	/	/
Days and Hours of Placement:			
Duties:			
Risk Assessment: (Are there any known risks associated with the above duties. If so please complete a risk assessment form)			
<input type="checkbox"/> Certificate of Insurance Provided			
<input type="checkbox"/> Construction White Card Provided (outdoor placements only)			
<input type="checkbox"/> Model Consent acknowledged - Relevant Supervisor notified			

