

**Student Details**

Full Name:		Date of Birth:	
Postal Address:			
Home Phone:		Mobile:	
Email Address:			

**Educational Institutions Details**

Educational Institution:			
Address:			
Program Contact Name:			
Contact Email and phone:			
Course of Study:		Year of Study:	
Personal injury insurance covered by:	<i>(please provide a scanned copy of certificate)</i>		

**Work Area**

**What department or type of work are you interested in? (please indicate up to 3 choices in order of preference)**

- 1.
  
- 2.
  
- 3.

### Preferred Placement Date

Please indicate when you are required to undertake your placement, providing at least 6 weeks' notice.

Start Date:		End Date:	
Alternate Start Date:		Alternate end Date:	

Full Time  YES  NO      If no, please specify number of days/hours per week:

### Declaration

Your personal information is being collected by City of Ballarat for the purposes of the work experience placement. Your information will be securely stored by the City of Ballarat and used to communicate details of your placement with you, and to contact your nominee in the event of an emergency. For further information on how your personal information is handled, refer to Council's Privacy Policy at [www.ballarat.vic.gov.au](http://www.ballarat.vic.gov.au)

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organisation.

### Signature:

Signature of Applicant:		Date:	
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**Please return this form and all supporting documents to**

[people&performance@ballarat.vic.gov.au](mailto:people&performance@ballarat.vic.gov.au)

**or post to People & Performance, PO Box 655, Ballarat, Victoria, 3353.**