

Student Details

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

Educational Institutions Details

Educational Institution:			
Address:			
Course of Study:		Year of Study:	
Program Contact:			
Program Contact Email			
Telephone:		Mobile:	
Personal injury insurance covered by: <i>(pls provide photocopy)</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:	
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Please list a second date in case the first is unavailable.

Alternate Start Date:		Alternate end Date:	
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Full time for this period (required)

YES

NO

If no, please specify number of days/hours per week:

Signature:

Signature of Applicant:		Date:	
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Please return this form and all supporting documents required by email to people&performance@ballarat.vic.gov.au or post to the People & Performance, PO Box 655, Ballarat, Victoria, 3353.