

# Application Form



To undertake work experience at City of Marion please complete this application form.

We require a minimum of four weeks to arrange your work experience placement from the date this application (including proof of insurance) is received.

All applications will be considered, however as work experience requires close supervision of participants, this must be balanced with council's operational requirements so all work experience will be at the discretion of the City of Marion.

## STUDENT TO COMPLETE

Click on boxes to enter text OR print and complete the form by hand

Student first name:  Surname/Family name:

Postal address:

Suburb:  Postcode:

Day time phone number:  Date of birth:

Email address:

Do you identify yourself with any of the following:

Aboriginal or Torres Strait Islander: Yes  No

Person with a disability or impairment: Yes  No

If yes, please state if special requirements may be needed for the work area:

## EMERGENCY CONTACT

Emergency contact name:  Phone number:

## EDUCATIONAL DETAILS

High School Yes  No  Year level:

School name:

School address:

Work experience co-ordinators name:

Co-ordinators telephone number:

Co-ordinators email:

University Yes  No  Qualification being studied:

Is your request for placement a requirement of your course/ university? Yes  No

Other  Please indicate why you are requesting work experience?

## WORK EXPERIENCE DETAILS

Preferred dates From:  To:

Preferred number of hours/days per week:

What type of work experience (job role) are you interested in? (in order of preference)

1.

2.

Briefly describe what interests you about this work and what you would like to learn during your placement and why? Please include any relevant qualifications that are currently being studied or have been completed.

I certify that the above information is true and correct:

Student's signature: ..... Date: .....

## INSURANCE

All work experience participants are required to be covered by the following insurances:

- Indemnity / Public Liability
- Personal Accident / Illness

**Please note:** Placements will not be confirmed until proof of insurance or the Workplace Agreement Form is sighted.

## SUBMIT YOUR APPLICATION

Please forward completed application and proof of insurance or Workplace Agreement Form to:

**Mark:** Attention: Yvette Zaric

**Email:** [employment@marion.sa.gov.au](mailto:employment@marion.sa.gov.au)

**Post:** City of Marion, PO Box 21, Oaklands Park SA 5046

**Fax:** 08 8375 6699

For more information please contact Yvette Zaric, Human Resources Coordinator on phone 7420 6418.

### OFFICE USE ONLY

Application received	Yes <input type="checkbox"/>	Date: .....	
Insurance forms sighted	Yes <input type="checkbox"/>	Date: .....	
Placement sourced	Yes <input type="checkbox"/>	Date: .....	Location: ..... Manager: .....
Student notified	Yes <input type="checkbox"/>	Date: .....	
Induction sent to supervisor	Yes <input type="checkbox"/>	Date: .....	
Induction returned by supervisor	Yes <input type="checkbox"/>	Date: .....	