

Work Experience Placement Request

Please complete all sections of this form and attach requested documents

Placement Details	
Position Title	<input type="text"/>
Department	<input type="text"/>
Dates for Placement	from <input type="text"/> to <input type="text"/>
Purpose of Placement (What are the desired learning outcomes from your work experience placement?)	<input type="text"/>

Student Personal Details	
Surname	<input type="text"/>
Given Name	<input type="text"/>
Preferred Name	<input type="text"/>
Address	<input type="text"/>
	Suburb <input type="text"/> Postcode <input type="text"/>
Telephone (home)	<input type="text"/> (mobile) <input type="text"/>
Email address	<input type="text"/>

School / Training Organisation / University details	
Contact Name	<input type="text"/>
Name of School/Training Organisation	<input type="text"/>
Address	<input type="text"/>
	Suburb <input type="text"/> Postcode <input type="text"/>
Telephone (landline)	<input type="text"/> (mobile) <input type="text"/>

Are there any duties of the position you have applied for which you are, or may be, unable to do due to health problems or physical disability?

Yes No

If yes, please give details

Have you ever been a patient or worked in a hospital outside Western Australia or overseas in the last twelve months?

Yes No

If yes, please give details

Are you known to have any condition likely to result in transmission of infection to others?

Yes No

If yes, please give details

Application Declaration

I declare the above information to be true in all aspects

I acknowledge that any statement which I have made which is found to be false or deliberately misleading will make me, if employed, liable for dismissal.

I understand that completing this application does not guarantee me a Work Experience Placement with MercyCare.

Name

Signed

Date

Please attach the following as part of your application

(note failure to provide complete documentation will result in a delay in progressing your application)

All Applicants over 18 years, where applicable

- Copy of WWC Card
- Copy of National Police Clearance

Privacy Your work experience application form contains personal information, which will be dealt with in accordance with our Privacy Policy. If you are successful in your application your form will become an employment record. If you are unsuccessful your application form will be kept for 3 months before being destroyed.

OFFICE USE ONLY

- Application details verified and confirmed as complete
- Acknowledgement letter sent (date)
- Interview date/time
- Outcome
- Applicant notified (date)