



YEAR 10 WORK EXPERIENCE EOI FORM

DUE: 15 MARCH 2024

Write neatly in BLOCK CAPITALS

Forms to be returned to B Block staffroom or Student Services

Student Details:

Given Name:		Surname:	
Date of Birth:		Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Student Email:		Student Mobile Number:	
Student Address:			

Emergency Contact Details:

Emergency Contact Name:			
Out of School Hours Emergency Phone Number:		Relationships to Student:	
Emergency Contact Email:			

Medical Information:

List any pre-existing medical conditions that may impact on the student's work experience placement.

Please tick ADD ADHA ID ODD Anxiety Allergies _____ Other _____

Comments:

Placement Details:

If you have sourced a placement for work experience, please enter the details below.

Business Name:			
Address:			
Nominated Supervisor:		Phone:	
Email:			
Industry:		Number of Days:	
Dates:		Hours of work	____ am to ____ pm
Summary of key workplace activities:			
Special Requirements for placement:	(eg Uniform, PPE etc)		

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