

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:	☐ Fema	ale [Male	
Student Email:			Student Mobile Number:				
Student Address:					•		
Emergency Con	tact Detail	ls:					
Emergency Conta							
Out of School Hours Emergency			Relationships to Student:				
Phone Number:							
Emergency Conta	gency Contact Email:						
Placement Detail	_	ant for work ovnori	onco nlosco	ontor the de	otails b	olow	
Business Name:	<u>а ріасетте</u>	ent for work expend	erice, picase	enter the de	stans D	GIOW.	
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	n, PPE etc)					

Work Experience Placement Options

If student is unable to source own placement, please indicate your work experience preferences in the table below:

Preferred Industry:	1.	2.			
Preferred Business: (if known)					
Preferred Number of Days:					
Transportation Limitations:					
	Please circle: North Side / South Side				
Preferred Location:	Suburb:				
Notes/Comment (Office	e Use Only):				
Signatures:					
Student Signature:		Date:			
Parent/Guardian Signature	e:	Date:			
Office Use Only					
Date Received:	7	ime:			