

North Bundaberg State High School

Work placement Information sheet



Student Name: _____

Year Level: _____ Date of Birth: _____

Student mobile _____ Student Email _____

Emergency Phone no: _____ Name _____

Parent/Guardian Phone NOT student

Medical information: (List any pre-existing medical conditions that may impact on the student's work experience placement. Please attach details of medications and health plans where relevant)

Work Experience Provider Name: _____

Address: _____

Phone/Mobile : _____ Email _____

Nominated Supervisor: _____

Industry Occupation: _____

Summary of proposed student workplace activities: (List Main activities)

Special requirements for placement(eg. uniform, personal protective clothing/equipment)

Monday November 27th - Friday December 1st 2017
Students must complete 3 - 5 days of placement.

Dates and times of placement: _____

Return this form SET P teachers