



WORK EXPERIENCE
21st to 24th JUNE 2022
---WORK PREFERENCE FORM---



Submit completed and signed form by Friday 4th March 2022 – electronic or hardcopy

NAME:	SURNAME:	FORM:
		10

HOME ADDRESS:	
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DATE OF BIRTH:	
HOME PHONE NUMBER:	
EMERGENCY CONTACT NAME:	
EMERGENCY CONTACT NUMBER:	
EMAIL ADDRESS - Parent	

PREFERRED TYPE OF EMPLOYMENT/ INDUSTRY *(Give 3 choices)*

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YEAR 10 SUBJECTS

1.	2.
3.	4.
5.	6.

Method of travel to work: <i>(Tick relevant options)</i>					Medical conditions: <i>(CHECK one)</i>	
Car	Bus	Train	Walk	Other	Y	Please give details- <i>(e.g. allergies):</i>
					N	

Previous Work Experience: *(X one and provide details if you have worked before)*

<i>None</i>		<i>Previous/ current work experience</i>
<i>I have worked</i>		

THIS SECTION MUST BE SIGNED BY STUDENT AND A PARENT/ GUARDIAN.

I give permission for my child to participate in the YEAR 10 WORK EXPERIENCE PROGRAM.

I give permission for my child's details to be accessed by external licensed online platforms approved by the school for the purpose of managing their work experience documentation and placement.

PARENT'S SIGNATURE _____ DATE: _____

STUDENT'S SIGNATURE _____ DATE: _____