



WORK EXPERIENCE EXPRESSION OF INTEREST FORM

This Application does not constitute agreement to a work experience placement with the Cassowary Coast Regional Council. Council can only confirm a work experience placement when a completed Work Experience Agreement by all parties is received.

STUDENT / JOB SEEKER INFORMATION			
Name:			
Address:			
Email Address:			
Contact Number:	Home:		Mobile:
Emergency Contact Details:	Name:		Contact Number:
Have you attached your resume? <i>**Resume must be attached to be considered.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Highest Educational Standard Achieved			
Subjects Completed and Results Achieved (if applicable)			
Courses / Subjects Enrolled in and Dates of Completion (if applicable)			
Plans for future study			
Details of any previous work experience including dates			
ELIGIBILITY			
Please tick one of the following to indicate eligibility for work experience with the Cassowary Coast Regional Council. (If you do not identify with one of these categories you are not eligible for work experience).	<input type="checkbox"/> a secondary school student who is at least 14 years old		
	<input type="checkbox"/> a TAFE college student		
	<input type="checkbox"/> from an approved work experience referral agency		
Do you have any special needs or require additional support	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, will you be accompanied by a support person or will Council need to provide support? <input type="checkbox"/> Yes <input type="checkbox"/> No		

The Cassowary Coast Regional Council respects your privacy. Your personal information has been collected for the purpose of processing 'Expressions of Interest for Work Experience' and will be forwarded to a representative from the relevant department/area who will confirm whether a work experience placement is available. The collection of your information is authorised under *the Local Government Act 2009*. Your personal information will not be disclosed to any other person or agency unless you have given your permission or Council is required to do so by law. You may apply to access this information on the appropriate form obtainable from Council Website at any time.

EDUCATIONAL INSTITUTION / REFERRAL AGENCY DETAILS		
Name of Educational Institution / Referral Agency:		
Address:		
Contact Person:		
Contact Phone Number:		
Contact Email Address:		
REFEREE DETAILS		
Referee #1	Name:	
	Contact Number:	
	Referee Relationship:	
Referee #2	Name:	
	Contact Number:	
	Referee Relationship:	
Referee #3	Name:	
	Contact Number:	
	Referee Relationship:	
DESIRED AREA FOR WORK EXPERIENCE		
Please tick your preferred area for work experience placement. <i>*Some work areas may require participants to possess either a 'Positive Notice Blue Card for Child Related Employment' or a 'Queensland Construction Industry White Card'.</i>	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Fleet & Plant Workshops
	<input type="checkbox"/> Finance	<input type="checkbox"/> Natural Environment/Nurseries
	<input type="checkbox"/> Information Technology Services	<input type="checkbox"/> Human Resources / Safety
	<input type="checkbox"/> Rates	<input type="checkbox"/> Tourism
	<input type="checkbox"/> Planning & Building Services	<input type="checkbox"/> Parks & Gardens
	<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Carpentry & Painting
	<input type="checkbox"/> Regulatory Services	<input type="checkbox"/> Water and Wastewater
	<input type="checkbox"/> Library/Museum Services	<input type="checkbox"/> Marketing and Media
	<input type="checkbox"/> Design / Engineering / Assets	<input type="checkbox"/> Civil Works (Construction/Maintenance/Civil Engineering)

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Preferred Placement Date:	From (Date):		To (Date):	
Preferred Location of Placement (e.g. Innisfail):				
What is your interest in the chosen area of work and why?				
Do you have any career aspirations in this area and why?				
What are you seeking to get from work experience in this field?				
STUDENT / JOB SEEKER SIGNATURE				
Signature:		Date:		
PARENT / GUARDIAN SIGNATURE				
I consent to the above student / job seeker participating in work experience with the Cassowary Coast Regional Council.				
Signature:		Date:		