## **Application to complete Work Experience**

Dear Mrs. Balderston				Date: / /	
Name:		Ye	ar: Mento	or Group:	
I have a genuine desire to find out about a	career as a	a			
After I leave school at the end of Year	I plan to				
My parent/guardian knows of, and support	s, my wish to	o do wor	k experience	Yes   No (cross one out)	
I have found an employer who is willing for	me to do w	ork expe	erience in this area	Yes   No (cross one out)	
The employer is		(	Contact Name: _		
My preferred dates to do work experience	(eg Term ar	nd Week	OR dates in holida	ays in order of preference)are:	
1		OR 2.			
My reason for doing doing work experience is (p	olease tick):				
trial for full time			employment		
apprenticeship			SBAT		
□ TVET			TVET		
enhance university application for med	enhance university application for medicine, vet and communication courses				
other reason:					
<ul> <li>I know the timing has to suit the scho</li> <li>I know all the completed forms must commence and that this may take</li> <li>I know that copies of the document made for all parties before work exp</li> </ul>	t be hande time to con tation book	d in durir nplete. let signed	ng the week <b>befor</b> e		
Working on a Construction/Building Site with	h any trade	based e	mployer (please e	either tick to acknowledge)	
<ul> <li>I know that I need to complete the experience involving going onto a c</li> <li>I have completed the Construction</li> </ul>	construction	n/building	g site.		
MyWorkExperience Ready For Work Experie		=	<del>-</del>	_	
Working with Animals - if applicable please  I know that work experience involvir Commission of NSW prior to work expectation with large animals is generally not a	ng animals r perience ar	must be o	approved by the ( es additional pap	erwork and time. Working	
Working with Children- if applicable please  I know that work experience involving		_		vork.	
Additional Needs- if applicable please tick  I receive assistance from the MCC S		_	m.		
Is out of town accommodation required? YI	ES   NO? Ple	ease cro	ss one out If yes, thi	s involves additional paperwork.	
Yours sincerely,	(name)	Year	_ Mentor Group		
Permission IS / IS NOT granted to the student to pand to commence after the completion of necessity.				for a period of up to one week	

Date:\_\_\_\_/\_

Mrs. Raelee Balderston, Careers/VET Support Officer \_