

Work Placement Approval Request

Note: This form has to be **filled out and signed by the trainer first** and then the student can submit this request form at the College reception to source the practical workplacement hours and facility.

- Please fill it in using **CAPITAL/BLOCK LETTERS** and tick (✓) relevant option.

Date (DD/MM/YYYY): / /	Email Address:
Student No.:	Mobile Phone No:
Given Name:	Address:
Family Name:	USI No.:
Date of Birth : / /	
Course Code & Name:	
<p>Trainers to Note : Please check the student documents as per the below check list. Students must have all the documents below in order to start their work placement.</p> <p><input type="checkbox"/> Relevant Theory Assessments have been completed with satisfactory outcome. (Competency achieved on successful completion of work placement.)</p> <p><input type="checkbox"/> Police check received (Please enclose a copy of police check with this form)</p> <p><input type="checkbox"/> A First Aid Course Certificate (Please enclose a copy of a First Aid certificate with this form)</p> <p><input type="checkbox"/> Evidence of up-to-date Vaccination (Please enclose a copy of evidence of up-to-date vaccination with this form)</p> <p>Additional requirements for Certificate IV in Disability students:</p> <p><input type="checkbox"/> NDIS Worker Screening Check (Please enclose a copy of NDIS Worker Screening Check with this form)</p> <p><input type="checkbox"/> Working with Children Check (Please enclose a copy of Working with Children Check with this form)</p> <p><input type="checkbox"/> An NDIS Worker Orientation Module Certificate (Please enclose a copy of an NDIS Worker Orientation Module Certificate with this form)</p> <p><input type="checkbox"/> Please provide the names of work placement providers below where the student is interested to go. (Please check the list of providers provided to you and ask the student to choose two from the list.</p> <p>1.</p> <p>2.</p> <p><input type="checkbox"/> Other (Please Specify)</p>	
I confirm that I have checked all the above documents and in my opinion the student is competent to start the practical workplacement.	
Trainer Signature:	
Trainer Name:	

FOR OFFICE USE ONLY

Before confirming the workplacement with the employer, please speak to the student and get the confirmation and then provided them a formal letter to start their work placements.

Request Approved:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: / /
Approved By:	Name:	Wisenet Updated (if applicable)	
	Signature:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	