

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. Student must have all the below documents in order to start their work placements.</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"/> 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>		
<p>I confirm that i have checked all the above documents and i n my opinion the student is competent to start the practical workplacements.</p> <p>Trainer Signature:</p> <p>Trainer Name:</p>		
FOR OFFICE USE ONLY		
<p>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.</p>		
Request Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: / /
Approved By:	Name:	Wisenet Updated (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Signature:	