



**Work Experience Application Form**

Privacy Statement

The information requested by Council on this form may constitute personal information under the Privacy and Personal Information Protection Act 1998. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown.

Name:		Phone Number:	
Email Address:		Date of Birth:	/ /

Address:

Study Institution's Name:

Teachers Name and Phone Number:

Which level are you currently studying: (Please circle relevant)	School - Year 10 / Year 11 / Year 12 / Austswim /TAFE / University / College - Course _____
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Name and contact details of person/s to be notified in an emergency:

Requested dates of work experience:	From:	To:
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Specific requirements if part time placement requested (days, hours etc):

What area of Council would you like to be placed: (please tick max 2)  
(All areas listed on Council's website – www.campbelltown.nsw.gov.au)

<input type="checkbox"/> Art Gallery	<input type="checkbox"/> Tourism
<input type="checkbox"/> Business Administration	<input type="checkbox"/> Child Care Child Care (Long Day Care, Outside School Hours Care, School Holiday Care)
<input type="checkbox"/> Communications & Marketing	<input type="checkbox"/> Other _____
<input type="checkbox"/> Information Management & Technology	(Indicate area of interest)
<input type="checkbox"/> Leisure	
<input type="checkbox"/> Library	

Do you have an existing medical condition, injury or disability that could affect your work experience placement:	Yes / No	If yes, please give details:
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**Please attach your study institutions Certificate of Currency, covering your insurance for the duration of your Work Experience at Campbelltown City Council. Approval will not be given unless this is provided.**

Signature of Applicant:		Date:	
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**Please return to :** Mail - Po Box 57, Campbelltown NSW 2560, Fax – (02) 4645 4111  
or Email – [council@campbelltown.nsw.gov.au](mailto:council@campbelltown.nsw.gov.au)  
For more information please visit - [www.campbelltown.nsw.gov.au](http://www.campbelltown.nsw.gov.au)

**OFFICE USE ONLY**

<b>Approval</b>	Section		Supervisor		Date	
<b>Approval by People and Performance</b>						

**DATA AND DOCUMENT CONTROL**