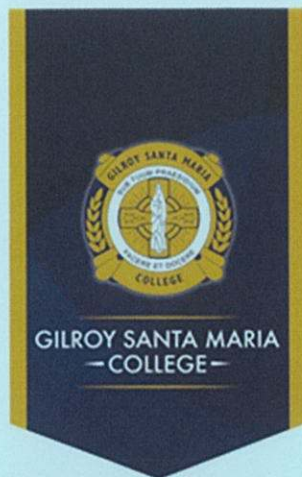


GILROY SANTA MARIA COLLEGE

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A 17 Chamberlain Street, Ingham QLD 4850 | P.O. Box 1013, Ingham Qld 4850
The Roman Catholic Trust Corporation for the Diocese of Townsville | ABN 24 322 606 641



Holiday or After School WORK EXPERIENCE APPLICATION FORM

NAME: _____ DATE OF BIRTH: _____ YEAR LEVEL: _____

EMERGENCY CONTACT NAME & PHONE NO: _____

DATES FOR WORK EXPERIENCE: _____

Please tick the following boxes once completed:

- Workplace has been contacted by you and approved
- You have introduced yourself (Name, age, what you are ringing for)
- If doing Holiday Work Experience, you have discussed which days/week/s you are wanting to go

Please complete the following information regarding your Work Experience:

1. Name of business: _____
2. Industry / Occupation: _____
3. Contact person: _____
4. Contact phone number for business: _____
5. Business email: _____
6. Business Address: _____

PARENTAL PERMISSION

This is to certify that my son/daughter participates in their work experience with my full knowledge and consent.

Signed Date:

*(For school holiday work placement: Please ensure this form is returned to Student Reception **three weeks prior to the school holidays** so that paperwork can be completed and returned to the school prior to commencement of placement.)*

THIS FORM IS TO BE RETURNED TO STUDENT RECEPTION AS SOON AS POSSIBLE

Office Comments:

FOR OFFICE USE ONLY

- Date Received _____
- Work placement approved
- Work placement not approved due to business unable to accommodate
- Entered into Pathways: date - _____

Signed: _____ (Julie Zanghi, Coordinator)