

Date: _____

PERSONAL DETAILS

First Name: _____ Family Name: _____

Preferred Name: _____

D.O.B: _____

Address: _____

Suburb _____ Postcode _____

Email _____

Contact Number/s: _____ Mob: _____

Emergency Contact Name/Relationship _____

Emergency Contact Number: _____

EDUCATIONAL INSTITUTION DETAILS

Name of Educational Facility: _____

Campus: _____

Student ID Number: _____

Course Type e.g. Diploma: _____

Course Name: _____ Year Level: _____

Educational Facility Co-ordinator

Name: _____

Job Title: _____

Phone: _____

Email: _____

PLACEMENT DETAILS

Preferred start date: _____ Preferred end date: _____

Total number of hours to be completed: _____

Number of days per week of placement: _____

Preferred days of placement: MON TUE WED THU FRI

Do you have a current drivers; licence? Y N

Do you have your own vehicle Y N

Do you have Comprehensive car Insurance Y N

Do you have a current Police Check? (Over 18 years of age only) Y N

Do you have a current Working With Children Check (over 18 years of age only) Y N
This is only required when working within certain programs

PREFERRED PROGRAM AREA FOR PLACEMENT

In which program area would you like to do your placement: _____

*** All efforts will be made to accommodate your preference however this is not guaranteed***

Please attach your resume and Insurance documents if available.

- Up to 5 documents can be loaded (Microsoft Word only)
 - Documents to be loaded separately
 - Maximum combined file size up to 2mb
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TERMS AND CONDITIONS

- CCA requires students over the age of 18 to have a current National Police Check at time of placement. If not already held, see your tertiary field work co-ordinator for assistance. Tertiary student placements cannot proceed without a Police Check. Please note: Original Police Check is required to be sighted at the student interview.
- Upon submission of this application form, an email confirming receipt will be directed back to you. Your application will be reviewed and you will be contacted either via email or phone regarding your application.
- It is a condition of your placement that all CCA policies will be read and followed.

For further enquiries please email studentplacements@ccas.org.au

DECLARATION

I have read the information provided and agree to the conditions associated with my application.

YES NO

I confirm that I will disclose true and accurate information during the course of my application and placement and that I will notify my CCA supervisor should my circumstances change.

YES NO

Name: _____

Signature: _____

Date: _____