

Work Experience Approval

If you are under 18 years of age, the following form must be completed by a parent or caregiver before you can commence your placement.

Name of work experience candidate: _____

Name of parent or caregiver: _____

Address: _____

Contact: Phone: _____

Email: _____

Relationship to work experience candidate: _____

Council should be aware of the following medical conditions or factors:

I consent to the work experience candidate undertaking the placement as stated on the online application form.

Signature of Parent or Caregiver: _____

Date: _____

Please **scan and attach** the completed form to the Work Experience Application (you can do this at the end of the application before you SUBMIT.)

If you have any issues please contact Human Resources on 4221 6235.