Name of LCP________________________ Contact Person___________________

Contact Phone: __________________________ FAX: __________________________ email: __________________________

### STUDENT DETAILS:

<table>
<thead>
<tr>
<th>Student Details</th>
<th>Student Surname:</th>
<th>Gender:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student First Name:</td>
<td></td>
<td>M □ F □</td>
<td></td>
</tr>
</tbody>
</table>

Student contact home phone: __________________________ Mobile phone: __________________________

Indicate which of the following applies to your course:

- School Delivered Yr11 □
- HSC VET Yr12 □
- TAFE Delivered Yr11 □
- HSC VET Yr12 □
- Location: Metropolitan □ Regional □

Aboriginal or Torres Strait Islander: Yes □ No □

Language background other than English: Specify:

### SCHOOL DETAILS:

Name of School: __________________________

Government □ Catholic □ Independent □

Suburb: __________________________

**Does the student have a disability, medical condition or any special need which may be important for this work placement?** YES □

If YES, the supervising teacher must contact the managing program to discuss any special needs or medical requirements prior to the placement being confirmed.

### COURSE DETAILS:

Name of Course provider: Eg TAFE/School/Private Provider

Teacher Supervising Placement: __________________________

Contact Bus Telephone: __________________________

Contact Fax: __________________________

After hours contact:

Name of Course: __________________________

Eg Hospitality Qualification: Cert I □ Cert II □ Other

### PLACEMENT DETAILS:

Employer: __________________________

Placement Date: __________________________

From: __________________________ To: __________________________

### STUDENT AUTHORIZATION:

- I will not convey any knowledge or information gained during the period of work placement, which is private and confidential.
- I agree to the above details being released to employers for the purpose of work placement allocation.
- I will contact the host employer a minimum of 7 days prior to placement to reconfirm details and attendance.

Student signature: __________________________ Date: __________________________

**Please Note:**

1. This student registration form does not replace the Student Placement Record.
2. All students must supply a copy of the Student Placement Record to the host employer on or before the first day of the work placement.

Version 1 May 2007