

Work Experience Application Form



Please complete this form (sections A – D) with as much information as possible to assist Qattro to assess and process your application. Completed applications are to be submitted by email to hireme@qattro.com.au

Please note that unfortunately Qattro cannot accommodate all requests for work experience received and work experience opportunities will be assessed and granted on a case-by-case basis. A signed work experience (workplace learning) agreement will also be required prior to the commencement of any work experience placement.

Section A: Personal Details		
Family Name:	Given Name/s:	
Preferred Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	
Date of Birth:	Start Date:	
Residential Address:		
Email:	Telephone No.:	
Postal Address:		
Section B: Work Experience Details		
Requested Start Date:	Requested End Date:	Are these dates negotiable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Hours per day: <input type="checkbox"/> Qattro business hours <input type="checkbox"/> Standard school hours <input type="checkbox"/> Other (please specify: _____)		
Please list your relevant education, training and experience to date.		
What areas of the Qattro business are you interested in?		
How do you believe work experience with Qattro will benefit your education, personal and/or career goals?		
Section C: Qualifications and Licenses		
Please indicate with a tick if you have any of the following where relevant to your work experience. If you have any other Licences or Certificates specific to your work experience, please submit information and copies to Qattro. Before anyone can work on an Australian construction site, they must have attained White Card accreditation , including people undertaking work experience.		
<input type="checkbox"/> Drivers Licence	Exp___/___	<input type="checkbox"/> Senior First Aid Exp___/___
<input type="checkbox"/> White Card Accreditation	Exp___/___	<input type="checkbox"/> Exp___/___
Section D: Educational Institution Information		
<i>The School Work Experience Coordinator or Principal must sign below on behalf of a student.</i>		
Do you endorse this student to complete a work experience placement with Qattro? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Institution:		
Email Address:	Telephone No.:	
Printed Name:	Signature:	Date:

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Further Information and Declaration

If selected for a work experience placement, prior to commencing a signed work experience agreement is required, along with completion of the following information in Sections E – H.

Section E: Emergency Contacts						
Primary Contact						
Name:	Relationship:					
Address:						
Telephone No.:	Email:					
Secondary Contact						
Name:	Relationship:					
Address:						
Telephone No.:	Email:					
Section F: Medical and Health Information						
In line with the Privacy Act and National Employment Standards, Qattro requires the following information to ensure that all persons in a Qattro workplace are protected and are offered the most suitable treatment in the event of an accident or injury.						
Do you have any medical conditions that may affect your ability to undertake the work experience?						
Are you currently taking any medication that may affect your ability to fully participate in the work experience?						
Do you have any allergies that would affect your ability to receive treatment? (Please include severe or life threatening allergies such as peanuts, penicillin, shellfish etc.)						
Section G: Check List						
I have completed & signed:	<input type="checkbox"/>	General Details Form (this form)				
I have provided:	<input type="checkbox"/>	Drivers Licence	<input type="checkbox"/>	Qualifications	<input type="checkbox"/>	Licences
Section H: Applicant Declaration						
Declaration:	<i>By submitting this application, I declare that the information provided in this form is true and correct. I acknowledge that any false or misleading information may lead to termination of the work experience. I acknowledge that the information provided in this form will be kept on file and used in line with the Privacy Act 1988 along with Qattro policies and procedures.</i>					
Printed Name:	Signature:	Date:				