



INDUSTRY PLACEMENT REGISTRATION

SITACS

Which do wish to register for? *Professional Work Experience A/B* (Circle which value is applicable)

(Please note that neither have a credit point value)

NAME OF STUDENT: _____

STUDENT NUMBER: _____

ADDRESS: _____

ADDRESS2: _____

TELEPHONE: _____ Email: _____

(The following information maybe used in our web database)

NAME OF EMPLOYER: _____

ADDRESS: _____

ADDRESS2: _____

POSTAL ADDRESS: _____

TELEPHONE: _____

CONTACTS:

(Include person(s) initially contacted, personnel staff involved and supervisor(s))

FULL NAME: _____

FULL NAME: _____

DETAILS OF EMPLOYMENT:

Dates: _____ Number of Days: _____

Approx Hours per Day: _____

PAYMENT: (p/wk - optional) If you are NOT getting paid please make sure you notify Sonia Jennings as there is an Insurance form you need to complete. (YES/NO)

YOUR DUTIES AND RESPONSIBILITIES:

(PLEASE NOTE: You DO NOT enrol with student administration to do Industry Placement A or B. Submit this form to Sonia Jennings **before you engage in your professional work experience session)**

SITACS ADMINISTRATION

OFFICE USE ONLY:

Date *registration form* submitted _____

Report Submission Dates 07/08:

<i>Submission Date</i>	<i>Marked by</i>
21/5/07	21/6/07
1/10/07	1/11/07
25/2/08	25/3/08
19/5/08	19/6/08

Result: (S/U)

Date reports received: _____ **Assessor:** _____

Date administration notified: _____ **Advisor:** _____