



## Work Experience – Employer Form

*Thank you for offering to take on one of our students for a Work Placement in 2024.*

Please complete this form and return it by either mailing to the above address, emailing to Mr. Jason Van Zyl on: [jason.vanzyl@rehoboth.wa.edu.au](mailto:jason.vanzyl@rehoboth.wa.edu.au) – or by giving it to the student to submit. Documents including *insurance details* and information about the *Work Experience program* should also be provided by the student.

If you have any questions now or during work placement, please contact the VET Coordinator or school admin.

**Student Name:** \_\_\_\_\_

Business Name	
Address	
Phone number	
Contact person	
Contact email	
Students Supervisor (if different from above)	
Supervisor's Mobile number (if applicable)	

**General Description of Work to be done by Student:** \_\_\_\_\_

Date/s of placement: \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_

**What does the student need to organize before their Work Placement begins?**

- Interview: \_\_\_\_\_
- Special clothing requirements: \_\_\_\_\_
- Safety equipment to be provided by the student: \_\_\_\_\_
- Other: \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Name :** \_\_\_\_\_

*Thank you for affording our student this valuable opportunity to participate in the workplace.*