



FINANCIAL SERVICES

WORK EXPERIENCE APPLICATION

This form is to be completed by the participating student and signed by the appropriate officer, (see reverse for details) before forwarding to the Finance and Insurance Officer in Finance for processing.

STUDENT DETAILS *(to be completed by the student)*

SURNAME:	<input type="text"/>
FIRST NAME:	<input type="text"/>
STUDENT NUMBER:	<input type="text"/>
SUBJECT No/COURSE CODE:	<input type="text"/>
DEPARTMENT:	<input type="text"/>
PLACEMENT ORGANISATION:	<input type="text"/>
POSTAL ADDRESS OF PLACEMENT ORGANISATION	<input type="text"/>
<u>NAME & EMAIL</u> OF CONTACT PERSON AT PLACEMENT ORGANISATION	<input type="text"/>
DESCRIPTION OF PLACEMENT ACTIVITIES	<input type="text"/>
PLACEMENT DATES: FROM:	<input type="text"/>
TO:	<input type="text"/>

STUDENT DECLARATION

- I confirm that I will not be receiving payment during my placement.
- I agree that I will only perform activities that fall within the scope of the Description of Activities described above. If I am asked to do other activities I will first notify the University to obtain approval to do so.
- I will attend my placement only during the Placement Dates above. If these dates change I will notify the University.

Please Print Your Name

Signature

____/____/____
Date



DEPARTMENTAL AUTHORISATION *(to be completed by authorised Faculty delegate)*

Is this activity work experience or student placement?

Is the placement a compulsory part of a subject or the student's course? YES NO

Is the placement activity assessed by the Faculty / Department? YES NO

Will the student be unable to progress in the subject/course if the activity is not undertaken? YES NO

If you answered 'YES' to any of these questions, the student's activity is likely to be student placement and not work experience.

- **A student placement** is a compulsory or assessable part of a subject or the student's course, and if the activity is not completed the student will not progress.
- **Work experience** is an activity which is in addition to any requirements for placement set by the Faculty / Department

The purpose of this Departmental Authorisation is to ensure that the University's insurance cover will extend to protect the student whilst they are on work experience provided. Cover will only be extended where certain criteria (set out in the Declaration below) are met. Therefore, the Departmental Authorisation should only be signed by the individual directly responsible for the subject/course in which the student is enrolled for the purposes of the work experience.

DECLARATION

In signing this Form and for the purposes of insurance cover, you:

- confirm that the above student:
 - is a current and enrolled student of the University of Wollongong
 - is not employed by the placement organisation
 - will not receive any remuneration in respect of her or his participation during the work experience
- confirm that the work experience is relevant and applicable to the student's course of study.
- as the properly authorised Faculty delegate, approve for the student to undertake the work experience

NAME & POSITION

FACULTY / DEPT

DEPARTMENTAL SIGNATURE

DATE

INSURANCE COVER

Upon submission of this form, a letter detailing the insurance arrangements for the work experience will be forwarded to the Placement Organisation listed above. A copy will also be provided to you and the student.

For further information regarding insurance for students while on work experience contact Financial Services on 4221 5264 or 4221 5971.