

OFFICIAL



WORKPLACE LEARNING AUTHORITY FORM

Please complete all sections of this form with as much detail as possible.

Students MUST read and sign the Student Work Placement Handbook and hand in with this form, along with a copy of their SmartMove or White Card Induction Certificates. Please ensure your Leading Teacher and the Senior School Associate Principal sign the form.

Once you have completed this form, please hand into the VET and WPL office (for processing). Please note all forms are to be handed in 4 weeks prior to work placement. Any forms received after this will delay your work placement dates. Students are responsible for catching up on any missed schoolwork whilst out on work placement.

Parents by signing this form you agree that you are aware your student will be absent from school on arranged days and that a \$50 fee will be added to your account.

Student name:	Year:
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Please briefly outline why you would like to participate in ADWPL.

Please provide below the details of the Host Employer you have contacted:

Business name:

Business address:

Contact name:

Contact Phone number:

Contact email address:

Please indicate below your preferred dates to complete ADWPL in 2024. (Please circle)

OPTION	Year 11	Year 12
A	Block 1: School Holidays 07 APR to 17 APR 2026 06 JUL to 17 JUL 2026	Block 1: School Holidays 07 APR to 17 APR 2026 06 JUL to 17 JUL 2026
B	Block 2: 16 NOV to 17 DEC 2026	Block 2: 28 SEP to 17 DEC 2026
C	By negotiation with Associate Principal (after semester one results)	Year 12 Weekly – Friday (by negotiation with Associate Principal)

Please ensure this form is signed by all indicated staff before submitting to the VET and WPL Office.

Parent / Guardian	Name:	Signature:
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Leading Teacher	Name:	Signature:
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Senior School Associate Principal	Name:	Signature:
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Admin use only: Date received _____