



PO Box 614 Kununurra 6743
20 Coolibah Drive KUNUNURRA

Koolama Street WYNDHAM

T | 9168 4100

F | 9168 1798

E | mail@swek.wa.gov.au

W | www.swek.wa.gov.au

8.00am - 4.00pm MON - FRI

Work Experience Application Form

Thank you for considering the Shire of Wyndham East Kimberley in your endeavour to obtain Work Experience. Please complete this form, collate your supporting documents and provide to the Shire.

Your Personal Details

Surname				Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>
Given Names/s							
Residential Address							
Postal Address							
State				Post Code			
Email Address							
Home Phone				Mobile			
Date of Birth (DOB)							
Name of School / Institution				Contact Name			
Contact Email				Contact Phone			
School Year			TAFE Level			University Year	

Placement Details

Area of interest							
Are you seeking	<ul style="list-style-type: none"> ___ hour(s) – block period <input type="checkbox"/> ___ day(s) per week over ___ weeks <input type="checkbox"/> other: _____ <input type="checkbox"/> 						
Preferred work experience times	_____ am/pm to _____ am/pm						
Preferred work experience days	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>		
Preferred commencement date	____/____/____		Preferred finish date	____/____/____			

Additional Details

To assist in assessing opportunities for your placement in the appropriate type of work, please indicate whether you have a disability or injury likely to affect your ability to perform tasks, which could reoccur or be aggravated by the type of work experience that you are applying for.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details			
Emergency Contact Name			Contact Number

Signatures

Applicant Signature			
Parent/Guardian name and signature (if relevant)			

Supporting Documents

Insurance Documents	<input type="checkbox"/>	You must provide a copy of your school, university, institution or organisation's insurance Certificate of Currency with your application – this provides SWEK with proof of insurance coverage during placement.
Confirmation of Approval / Support	<input type="checkbox"/>	Your school, university, institution or organisation will need to provide written confirmation of their support/approval for your application and confirm that it relates to your current educational/career pursuits. Note - if you are aged between 15 -17 you will need to have your application form signed by your parent/guardian.

Submitting Your Application

Please send your completed form and supporting documents to:	
Email	hr@swek.wa.gov.au
Post	PO Box 614, Kununurra WA 6743
Fax	(08) 9168 1798
Hand Deliver	20 Coolibah Drive, Kununurra WA 6743