

Work Experience Application Form

STUDENT DETAILS								
First Name		Last Name						
Preferred Name		Email						
Date of Birth		Gender						
Mobile No.		Address						
Medical Condition(s) or Special Need(s)								
EMERGENCY CONTACT DETAILS								
First Name		Last Name						
Relationship		Mobile No.						
Email								
EDUCATIONAL INSTITUTION DETAILS								
Name of Institution								
Institution Address								
Placement Coordinator Name								
Placement Coordinator Phone		Placement Coordinator Email						
Current Year of Study		Course/unit relevant to placement						

REQUESTED PLACEMENT INFORMATION						
Length of Placement (E.g. 5 days, 2 weeks, etc.)						
Preferred Start Date			Preferred End Date			
Placement Pattern (E.g. 5 days per week, 2 days per week, 3 half days, etc.)						
Placement Type	High School Work Experience		iversity cement \Box	Other If yes, please specify:		
Is this placement a compulsory course requirement?	Yes ☐ No ☐ If yes, please specify course requirement to be filled by placement:					
Area(s) of Interest						

Thank you for your interest in undertaking work experience with Icon Water. Once completed, please submit this form and the following documentation to capability@iconwater.com.au.

- A current CV/resume
- A copy of your current academic transcript (university students only)
- Proof of public liability coverage/insurance (this is the student's responsibility and can be obtained from the educational institution)
- Documentation/confirmation from your school/educational institution demonstrating that the placement is an approved part of a course of study
- Any relevant compliance requirements; e.g. white card for students who will be attending construction sites or participating in field visits.