



Student Placement Enquiry Form

Student Contact Details:

Name: _____

Phone: _____ Email: _____

Address: _____

Educational Institution Details

Name of Educational Institution: _____

Course Undertaken by Student: _____

Name of Contact at Institution: _____

Phone: _____ Mobile: _____ Email: _____

Requirements of Supervisor (e.g. reports, meetings etc):

Insurance Covered by Institution: Professional Indemnity Y/N Public Liability Y/N

Volunteer Insurance/Workcover Y/N

Blue Card: Yes / No (Note: Student must have a valid Blue Card prior to commencement)

Student Background & Interests:

Work/Volunteer/Study Background of Student:

Areas of Student Interest (to guide possible placement projects):

Why does the student wish to be placed with Community Action Inc?

Placement Details

Approximate Placement Start Date: _____

Length of Placement (days per week over a period of time): _____

Office Use Only

Placement Accepted: Y /N Reasons:

Manager's Signature: _____ Date: _____