

**WORK EXPERIENCE APPLICATION - SWIMMING TEACHER
TRAINING/PRACTICAL HOURS**

Please read the following thoroughly, and fill out all sections where required

FIRST NAME	
LAST NAME	
ADDRESS	
EMAIL	
PHONE	
MOBILE	
DATE OF BIRTH	If you are aged between 10-14 years, Council requires parental/guardian permission and supervision. If you are between 15-18 years, Council only requires parental/guardian permission.
WORKING WITH CHILDREN CHECK NUMBER	
OUTLINE OF ANY MEDICAL ISSUES	

EMERGENCY CONTACT

FIRST NAME	
LAST NAME	
RELATIONSHIP TO APPLICANT	
PHONE	
MOBILE	

PARENT/GUARDIAN CONSENT (IF APPLICABLE)

NAME	
CONTACT NUMBER	
ADDRESS	
EMAIL	
SIGNATURE	DATE:



WORK EXPERIENCE REQUEST DATES:

START DATE OPTION 1:		START DATE OPTION 2:	
END DATE OPTION 1:		END DATE OPTION 2:	

Alternatively I am available any suitable time.

I am available during these days/times.....

ESSENTIAL DOCUMENTATION REQUIRED FOR WORK EXPERIENCE APPLICATION:

- I have attached the relevant proof of insurance paperwork to cover me whilst I am undertaking work experience at Maitland City Council
- I have attached a copy of my current Working with Children Check
- I have attached a copy of my birth certificate or driver's licence (as proof of D.O.B)

PLEASE READ THE FOLLOWING AND SIGN

I agree to Maitland City Council's Employee Code of Conduct and all other related policies such as Equal Employment Opportunity and Work Health and Safety.

I will approach my work experience opportunity with integrity, professionalism and enthusiasm, and will apply my skills and knowledge towards the successful completion of all activities/tasks asked of me. No information available or received by me will be conveyed to any other person.

I will be punctual and adhere to hours negotiated. If the situation occurs that I am unable to attend, I will notify my supervisor as soon as possible.

I acknowledge that work experience is voluntary and that I am not entitled to any form of remuneration from Maitland City Council.

I understand and accept that Maitland City Council has the right to terminate my work experience placement at any time.

.....
Name	Signature	Date

Please forward your completed application form to:

Workplace Culture & Safety
hrtraining@maitland.nsw.gov.au

Maitland City Council
285-287 High Street, Maitland
PO Box 220, Maitland NSW 2320

t 02 4934 9760



INFORMATION FOR WORK EXPERIENCE APPLICANTS

Maitland City Council offers applicants the opportunity to develop relevant work experience and gain vocational skills that complement their education or their skill base.

The approval of work experience is subject to the availability, time constraints and work loads of Council staff in the requested area. Effort will be made to accommodate applicants seeking work experience, however often the demand on Council to provide work experience is such that it may be necessary to decline some applications. Please approach the Human Resources Group in the first instance, rather than contacting any Department directly, as we need to ensure the approval process is followed.

PRIVACY AND PERSONAL INFORMATION PROTECTION NOTICE

Purpose of collection: To enable Council to contact the applicant/educational institution regarding work experience.

Intended recipients: Council staff and is publicly available under the Government Information Public Access Act 2009.

Supply: Voluntary, a consequence of non provision is that work experience may not be organised.

Access / Correction: Requests for access / correction of information under the Government Information (Public Access) Act or Privacy and Personal Information Protection Act 1998, contact the Council's Public Access Coordinator.

Storage: This form will be placed on a relevant file and/or will be saved on Council's main records management database when the request has been processed and the enquiry is completed.

Retention Period: Council will retain your personal information for a period that is in accordance with the State Records General Disposal Act 10 (GDA10).

