

STRUCTURED WORKPLACE LEARNING

Change of Student Details Form

Please complete only if any of your personal details have changed!

Given Names		Surname	Year Level	
			Year 8	
Home Address		Home Phone & Student Mobile		
		Year 9		
Post Code:		Home:	Year 10	
		Mobile:	Year 11	
			Year 12	
Parent or Guardian's First and Last Name		Parent/Guardian's Phone Number		Relationship to Student
If you have any allergies and/or medical conditions that an employer should know about, please provide details:				
Please indicate if you fall into any of the following groups:		<input type="checkbox"/> I am at risk of not completing year 12 <input type="checkbox"/> I am from a non-english speaking background Details:		
		<input type="checkbox"/> I am Aboriginal and/or Torres Strait Islander <input type="checkbox"/> I have a disability and/or special needs		

Confidentiality of this information is guaranteed. It will only be used to link students with employers and/or for program evaluations.

I/We give tranzitions @ work permission to collect and disclose information for the purpose of seeking work placements on my behalf. I understand that some of this information will be disclosed to employers by tranzitions @ work.	Student Signature	Date

SCHOOL USE ONLY (Teacher to complete)

- CHECK OPTIONS ARE REALISTIC
- CHECK STUDENT IS PHYSICALLY SUITABLE FOR PLACEMENT
- CHECK ALL SIGNATURES ARE PRESENT
- CHECK CATEGORY OF PLACEMENT
- CHECK DATES OF PLACEMENT

Confirm Option #1	Confirm Option #2	Confirm Option #3
Category of Placement:	<input type="checkbox"/> SWL 1 Certificate being studied: _____ <input type="checkbox"/> SWL 2 (General Work Experience) <input type="checkbox"/> Other (Describe)	
Does Student Require:	<input type="checkbox"/> Interview by tranZitions @ work <input type="checkbox"/> Support worker on placement <input type="checkbox"/> Career advice/Further job preparation <input type="checkbox"/> Other (Describe)	
Additional Comments:		NB Dates for Placement:
Initial:		<input type="checkbox"/> Day _____
		<input type="checkbox"/> Week Block _____
		Total Days _____

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