



Work Experience Application 2012

Name: _____ Date of Birth: _____

Address: _____

Post Code: _____ Contact Number: _____

Next of Kin: _____ Relationship: _____

Contact Number: _____ Mobile: _____

School: _____

Address: _____

_____ Post Code: _____

Work Experience Coordinator: _____

Contact Number: _____ Mobile: _____

Please indicate which dates you prefer (**choose one ONLY**)

- 7th – 11th May
- 27th – 31st August

Please note these are the only placement dates available

Please specify which hospital in which you would prefer to undertake your work experience placement:

- St Vincents Private - 59-61 Victoria Parade, Fitzroy
- Mercy Private - 159 Grey Street, East Melbourne
- Vimy Private – Studley Park Road, Kew

I am interested in undertaking work experience in the following area/s (please tick at least 1 area)

Support Services			
<input type="checkbox"/> Food Services		<input type="checkbox"/> Health Information Services	
<input type="checkbox"/> Human Resources		<input type="checkbox"/> Business Office	
<input type="checkbox"/> Environmental Services		<input type="checkbox"/> Finance	
Clinical Services			
<input type="checkbox"/> General Nursing		<input type="checkbox"/> Midwifery	
<input type="checkbox"/> Physiotherapy		<input type="checkbox"/> Nutrition	

Please indicate any particular areas of interest that you have
eg. Maternity, Cardiac, Paediatrics etc



Please indicate in 50 words or less any learning objectives you have or what you wish to gain from your period of work experience:

For Country Students ONLY:

If you are required to stay away from your residential address whilst on Work Experience placement, please provide details of address where you will be staying and a contact number for your Guardian during that time:

Address: _____

Name of Guardian: _____ **Contact Number:** _____

Please attach a covering letter, your resume and the Work Experience Arrangement form and return to:

The Work Experience Program
Human Resources Department
St Vincents & Mercy Private Hospital
59-61 Victoria Pde; Fitzroy 3065

Signature of Student _____

Signature of Parent/Guardian: _____ Date: _____