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- Form A must be approved prior to commencing placement.
- Form A is an assessable item, submission is compulsory for all students.
- CSU will handle your personal information contained in this form pursuant to its obligations contained in the *Privacy and Personal Information Protection Act 1989 (NSW)* and CSU's Privacy Management Plan.

Subject	Session	Campus	Mode

SECTION 1: Student Details

Family Name	First Name
<input type="text"/>	<input type="text"/>
Student ID	Email
<input type="text"/>	<input type="text"/>
Phone Number <i>(If land line include area code)</i>	Degree
<input type="text"/>	<input type="text"/>
Will you complete your studies in the next six months?	Major Specialisation
<input type="checkbox"/>	<input type="text"/>

Ability to Undertake Work Placement

Are there any aspects of your personal circumstances which may affect your performance during a placement that may need to be taken into account in order to ensure that your health, safety and learning needs can be met?

If Yes, please specify

SECTION 2: Stream Selection

Select the most appropriate stream:

Stream 1: Placement with new host organisation *(where the business is not your usual employer)*.
(Complete sections 3, 4 and 7)

Stream 2: Placement with existing host organisation *(where the business is your usual employer)*.
(Complete sections 3, 5 and 7)

Stream 3: Unable to undertake a work placement.
(Complete sections 6 and 7)

SECTION 3: Stream 1 and 2 - Work Placement

Details

Placement Start Date Placement End Date

How will you complete placement hours? (example: Block placement, one day per week)

Organisation Details

Name of Organisation Does a member of your family own or manage business/department?

Type of Organisation Department (if applicable)

Organisation Address (No Post Office Boxes)

City State Postcode

Organisation Web Address

Supervisor Details

Title First Name Family Name Position

Phone Number (If land line include area code) Email

Before continuing you must discuss the placement with your supervisor
Stream 1: Complete sections 4 and 7; Stream 2: Complete sections 5 and 7

SECTION 4: Stream 1 - Work Placement

4.1 What do you want to achieve while on placement?

4.2 What are the agreed activities/tasks/project that will be undertaken during placement?
This section should be completed in detail. (If insufficient space, please attach additional document)

SECTION 5: Stream 2 - Work Placement

5.1 What are your current role and responsibilities in the organisation?

5.2 Describe the different activities/tasks/projects outside the scope of your normal duties, that will be undertaken while on placement as agreed with the supervisor.

This section should be completed in detail. (If insufficient space, please attach additional document)

SECTION 6: Stream 3 - Work placement

6.1 Outline the reasons you are applying for Stream 3.

6.2 List and attach documentary evidence in support of your application.

SECTION 7: Consent

I give my consent for Workplace Learning Staff in the Faculty of Business, Justice and Behavioural Sciences at Charles Sturt University to provide my name, home address and contact telephone numbers to relevant personnel at the placement organisation in order for the placement organisation to be able to contact me in relation to the placement if necessary.

I give my consent to the Workplace Learning Staff in the Faculty of Business, Justice and Behavioural Sciences at Charles Sturt University to disclose to the placement organisation any personal information which I have provided in completing this form to ensure that my learning needs can be met and to ensure the success of the placement.

I declare that, to the best of my knowledge, the information and supporting documents provided in this form are correct and complete. I acknowledge that incomplete information may result in the application being returned or rejected, and that submitting deliberately false or misleading information may result in the application being rejected or my enrolment being cancelled.

I consent to Academic Staff in the Faculty of Business, Justice and Behavioural Sciences at Charles Sturt University using my responses in this form for research purposes, the results of which may be published or presented at conferences.

I understand that if the results of the research are published or presented at conferences, I give my consent for my name to be included. (Note: if you tick "No", CSU will attribute as "anonymous.")

Signature:

Date:

Email to WPL

[How to create a digital signature link](#)

Should the submit button not work:
Save form to a hard drive and email
to the Workplace Learning Unit.
(FOB.JBS-WPL@csu.edu.au)

CSU office use only

Approved by Subject Convenor

Comments: *(to be advised to the student)*

Subject Convenor's Name:

Signature:

Date:

Email to WPL