

SCIPS

(Southside Cluster Industry Placement Service)
STUDENT REGISTRATION FORM

Name : _____

Date of Birth: _____ Year Level: _____

Home Address: _____

Phone: _____ Fax: _____ Email: _____

What subjects are you presently doing:

| Subject | Non-OP Subject (✓) | OP Subject (✓) |
|---------|--------------------|----------------|
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What is your further study goal or employment goal when you leave school?

- Full-time study Full-time work part-time study
 University part-time work
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Are you interested in being considered for a SCHOOL-BASED TRAINEESHIP OR APPRENTICESHIP ? Yes No

What type of workplacement would you like to experience during the school year?

List in order of preference :

1. _____

2. _____

Monday Tuesday Wednesday Thursday Friday Holidays

NOMINATE A COMPANY

If you know of any employer who would be willing to work with you in your Placement to Industry, please list below:

Name of Company : _____

Contact Person : _____

Site Address : _____

Phone No: _____

Industry Area: _____

Previous Work Experience / Casual Work

I have had no previous work experience or jobs

I have had previous work experience or jobs

Please fill in as much as possible about your present or past places of employment and / or work experience.

1.
COMPANY NAME: _____

EMPLOYER'S NAME: _____

Type of Work : _____

2.
COMPANY NAME: _____

EMPLOYER'S NAME: _____

Type of Work : _____

Student Contract

I _____ understand that **Structured Workplace Learning** is an integral part of the school curriculum in thereby developing our link into industry. I will commit myself completely to fulfilling the requirements of the program as have been outlined to me by my coordinator.

Student Signature : _____

Parent / Guardian Signature: _____

Date: _____