#

**Student-Sourced WBL Placement Description**

Thank you for offering to host a La Trobe University student within your organization as part of a Work Based Learning placement.

The Work Based Learning Placement program aims to support students in the transition from university to working life career. Students who participate in this program will be able to apply the theory they have learnt at university in the real world, develop professional skills and gain industry insights through your mentoring and support.

The purpose of this form is to record information about your organization and the proposed activities to be undertaken as part of the Placement. The details on this form will be reviewed by La Trobe to assess the suitability of the proposed placement. If the proposed placement proceeds, La Trobe will send you a formal agreement, which will need to be signed and returned before the Placement commences.

La Trobe University is committed to respecting the privacy of your personal information. If the information sought in this form not provided, then the University will not be able to assess the suitability of the proposed placement and it may not proceed. You may have the right to access the personal information we hold about you subject to any exemptions in relevant laws, by contacting us on WBL@latrobe.edu.au or SHEClinicalWIL@latrobe.edu.au
For more information, please visit the University’s [privacy policy](https://policies.latrobe.edu.au/document/view.php?id=1&version=3).

1. **STUDENT DETAILS**

|  |  |  |
| --- | --- | --- |
| Student Name: | La Trobe ID: | International student[ ]  Yes [ ]  No |
| Current Degree Program/Course: | Placement Subject Code(s): | **Semester**  |
| How will this support you to achieve your career aspirations or align with your course? |

1. **PROPOSED HOST DETAILS**

|  |
| --- |
| **Host Organisation Name:** |
| Location of placement: [ ]  Remote (off-site) [ ]  On-site [ ]  Hybrid (combination of onsite/offsite) If on-site, address: |
| Host supervisor name: | Host supervisor position title: |
| Secondary Host supervisor name (if applicable): | Secondary Host supervisor name (if applicable): |
| Host supervisor email address: | Host supervisor telephone: |
| ABN: | Website:  | LTU Alumni: [ ]  Yes [ ]  No |

**WBL OPPORTUNITY DETAILS**

**3. Does the host organization have Public and Products Liability Insurance to a minimum of $AU10million?**

[ ]  Yes [ ]  No

**4. Organisation background**

1. **Placement/Project Purpose**
2. **Key duties and responsibilities of the placement/project**

*(Please specify the tasks to be undertaken during this placement and include as much detail as possible)*

1. **Placement hours and dates**

|  |
| --- |
| Placement hours: |
| Shift pattern (Days/hours per week): |
| Planned placement commencement date:  | Planned placement completion date:  |

1. **Other requirements**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please tick to indicate compliance required of students:** | [ ]  Police Check | [ ]  Working with Children Check (WWCC) | [ ]  Other (please specify) |
| **Placement type:** | [ ]  Unpaid | [ ]  Employee (Please indicate when the student commenced working with the organization)Commencement date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Does the placement require any domestic or international travel** | [ ]  No, none | [ ]  Yes, domestic interstate | [ ]  Yes, international |
| **Is the student required to directly sign a contract with the organization to complete the placement?** | [ ]  No | [ ]  Yes, please provide details: |

**Completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_ / \_\_\_/ \_\_\_\_\_\_\_**

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| --- |
| **INTERNAL LTU USE ONLY** |
| Approved by: | Date: |