

Workplace Learning Agreement Application Form



Please complete all fields below and submit online via the Infront
“Register Your Interest For Work Experience With Infront” form.

You will receive an email with 24 hours to confirm we have received your
application and further details on your placement.

Section 1: Placement confirmation details <u>(Please complete all fields below)</u>			
Student Details			
Name (Family & Given)*			
Street Address*			
Suburb*		Post Code*	
Email Address*			
Mobile Number*			
Placement Details			
Preferred Start Date*			
Preferred End Date*			
Emergency Contact Details			
Name (Family & Given)*			
Relationship*			
Mobile Number*			
Are you			
Currently studying year 10, 11, 12 or a relevant certificate in an Australian Education Institution?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Covered by appropriate insurance from the educational institution for the placement?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Able to provide proof of insurance coverage from the school/institution?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Able to provide proof of insurance coverage from third party insurer? Please Provide Policy No. _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature			
Student Signature:		Date:	