## 

## WORK EXPERIENCE APPLICATION FORM

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| **Applicant details** | | | | | |
| Name: |  | | | | |
| Address: |  | | | | |
|  | City |  | | Postcode |  |
| Contact numbers: | Home |  | Mobile |  | |
| Email address: |  | | | | |
| School: |  | | | | |
| Dates required: |  | | | | |

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| **YOU MUST SUBMIT YOUR WORK EXPERIENCE ARRANGEMENT FORM & EVIDENCE OF CURRENT VACCINATION STATUS WITH THIS APPLICATION IN ORDER TO BE CONSIDERED FOR A PLACEMENT** | | | |
| **Please select the program you are interested. If you would consider more than one program please rank these in order of your preference** *(ie. Pref 1st, Pref 2nd etc).* | | | |
| **Allied Health** (5 day program) | | | **Tick** |
| Dietetics | Monday | 9:00 - 3:00 | Pref: |
| Occupational Therapy | Tuesday | 9:00 - 3:00 |
| Pharmacy | Wednesday | 9:00 - 3.00 |
| Speech Pathology | Thursday | 9:00 - 3:00 |
| Physiotherapy | Friday | 9.00 - 3:00 |
| **Nursing** (5 day program) | | |  |
| Surgical Unit | Monday | 9:00 - 3:00 | Pref: |
| Medical Unit | Tuesday | 9:00 - 3:00 |
| Diversional Therapy (Birches or Grange) | Wednesday | 9:00 - 3:00 |
| District Nursing | Thursday | 8:00- 3:00 |
| Social Support Group | Friday | 9.15 - 3:00 |
| **Office Administration** (5 day program) | | |  |
| Budget and Finance | Monday | 9:00 - 3:00 | Pref: |
| Business Improvement & Innovation | Tuesday | 9:00 - 3:00 |
| Executive Office | Wednesday | 9:00 - 3:00 |
| Education Centre | Thursday | 9:00 - 3:00 |
| People & Culture | Friday | 9:00 - 3:00 |
| **Maintenance/Trade** (5 day program) | | |  |
| Maintenance/Trade area (Plumbing, Electrical or Carpentry). | Monday-Friday | 7:00 - 4:00 | Pref: |
| **Farmer and Community Services**  (5 day program) | | |  |
| Volunteer Services | Monday | 9:00 - 3:00 | Pref: |
| National Centre for Farmer Health | Tuesday | 9:00 - 3:00 |
| Community Health Promotion | Wednesday | 9:00 - 3:00 |
| Youth Services | Thursday | 9:00 - 3:00 |
| Community Liaison | Friday | 9:00 - 3:00 |

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| **Comments:** *Please detail any specific areas of interest or other relevant information regarding your request* |
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**Once completed please email to:** [**work.experience@wdhs.net**](mailto:work.experience@wdhs.net) **or**

**post to People & Culture, Western District Health Service, PO Box 283, Hamilton VIC 3300**