Student Work Experience/ Placement Application Form



Shine Bright EYM look forward to discussing your work experience and placement opportunities. We manage 39 services across Victoria in Bendigo, Campaspe, Charlton, Mildura and Swan Hill. Shine Bright EYM is a not-for-profit community-based organisation that operates with the needs of children and families as its highest priority.

Please send your completed form to <u>hr@shinebright.org.au</u> so that they can put you in contact with your preferred Shine Bright Kindergarten to arrange a suitable time to meet our Nominated Supervisor, Educational Leader and staff team and confirm suitable work experience or placement dates.

Applicant Details										
Full Name		Date		Date of I	of Birth					
Address			Postcoo		Postcod	е				
Home Phone						Mobile				
Email address					I					
Emergency Contact Name		Emerger Relation			ncy Contact Iship					
Emergency Contact Number										
Medical condition E.g., Asthma diabetes, Anaphylaxis										
Education										ĺ
Study type - please tic	k one		High school student	t				Tertiary qualification		
Year level										
Name of Education Provider										
Course name										
Work Experience/ Pla	cement Details	1								
Purpose of attendance			Work experience				Placement			
Required date/s: dd/mm/yyyy										
Total days required										
Age group (if applicable)		Birth – 35 months					3–5-year-old			
Working with Children's Check (WWCC)										
WWCC type			Volunteer	lunteer Employee		e		Exempt (under 18 years of age)		
WWCC number										
WWCC expiry date										
Kindergarten Preferei	nces									
Please let us know wh to discuss other servic									navailable we will conta	ict, you
Preference 1:										
Preference 2:										
Preference 3:										
Would you like to be contacted about employment opportunities with Shine Bright EYM and added to our recruitment mailing list?										

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Applicant Sign-On				
١	acknowledge that the inform	ation provided in this applica	ation is true and correct to the	e best of my knowledge. I
understand that this applica	ation is subject to approval ba	ased on availability of the ser	vices and completion of pre-p	placement meeting and
induction. I have read Shine	e Bright's <u>Shine Bright Way</u> an	d <u>Code of Conduct</u> . I underst	tand that failure to comply wi	th these policies may result
in my placement or work ex	xperience being terminated.			
Applicant signature:			Date:	
Parent/ guardian signature:	:		Date:	
(required for applicants und				
Please note the once comp	leted form is received, we will	contact your preferences to	confirm your potential placen	nent dates. The Nominated
-				t induction. Once all steps are
	n approval will be sent to you			
placement, please email <u>hr</u>	@shinebright.org.au or call Sh	nine Bright Central office on ((03) 5443 1229.	
Our services	n more chout our Dondice (Services		
Bendigo – <u>Click Here</u> to Lea	arn more about our Bendigo S	Services		1
Axedale	Elmore	Epsom	Flora Hill	Heathcote
Helm Street	Huntly	Kangaroo Flat	Kennington	Maiden Gully (Kindergarten)
Maiden Gully (Long Day Care)	Marong	Neale Street Nth	Neangar	Spring gully
Strathfieldsaye	White Hills			
Campaspe – <u>Click Here</u> to L	earn more about our Campa	spe Services		
Echuca Central	Echuca East	Echuca South	Girgarre	Gunbower
Kyabram P-12	Kyabram – Unwin St	Kyabram - Fenaughty St	Lockington	Rochester
Stanhope	Tongala			
Swan Hill Region – <u>Click He</u>	ere to Learn more about our S	Swan Hill Services		
Kunawaa	Nyah West	Shamrock Park	Swan Nill Nth	Swan Hill South
Woorinen South				
Mildura Region – <u>Click Her</u>	<mark>e</mark> to Learn more about our M	ildura Services		
Merbein	Mildura South	St Margaret's	Irymple	
Charlton Region – <u>Click Her</u>	<mark>re </mark> to Learn more about our C	harlton Services		
Charlton (Kindergarten)	Charlton (Long Day Care)			

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Kindergarten Use Only				
Kindergarten Name:				
Educational Leader:				
Nominated Supervisor				
Pre-Placement Meeting date completed				
Induction date completed				
Signed:		Date		
Please attach induction form and send to <u>hr@shinebright.org.au</u> 5 days prior to commencement of work experience or placement. Once approved application is received, keep a hard-copy onsite as staff record.				

Central Office Use Only		
WWCC status check date		
Application Status		
Signed:	Date	