

City of Salisbury Work Experience Program

APPLICATION FORM

Dates: Monday 1 July - Friday 5 July 2019

What is the City of Salisbury Work Experience Program?

This program is an opportunity for students to learn about a range of career pathways within Local Government, interact with Council staff and hear firsthand what Council does in the community. It will take place from Monday 1 July to Friday 5 July 2019 (9am - 4pm each day).

Who can apply?

Students in Year 10 and above that attend a secondary school within the City of Salisbury or live within the City of Salisbury and are looking to complete a week of work experience can apply. **There are only 20 places in the program, so be quick to get your application in.**

What's involved?

Participants will be involved in the following:

- interactive presentations/sessions by Council staff
- meeting, chatting and asking questions to Council staff
- visiting a range of Council facilities across the City of Salisbury
- hands on activities
- meeting Council's Mayor and CEO.

What are the benefits?

This program has many benefits such as:

- increased knowledge of Local Government
- learning about a range of Council careers, facilities, programs
- meeting a range of new people
- potential to increase your education and employment opportunities.

How do I apply?

First, speak to the teacher at your school responsible for work experience placements then, all you need to do is **complete the application form** and send it to the City of Salisbury along with your **signed Workplace Learning Agreement Form**.

City of Salisbury

Work Experience Program

Need more information?

If you would like more information about the program you can contact:

Denise on 8406 8451 or email dfowler-banks@salisbury.sa.gov.au

Or mail your completed application to:

Denise Fowler-Banks
Organisational Development
City of Salisbury
PO Box 8
SALISBURY SA 5108

APPLICATIONS CLOSE: Friday 7 June 2019

NO LATE APPLICATIONS WILL BE ACCEPTED

City of Salisbury Work Experience Program

Monday 1 July - Friday 5 July 2019 Application Form

SCHOOL: _____

First Name: _____

Surname: _____

Date of Birth: ____ / ____ / ____

Female / Male

Address: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

Parent/Guardian Phone Number: _____

Is there any special support you may need in order to participate in this program?

Do you have any special dietary requirements? Yes / No

Details: _____

Do you require disability access? Yes / No

Why do you want to participate in the City of Salisbury Work Experience Program?

City of Salisbury

Work Experience Program

School Contact Person: _____

School Address: _____

Postcode: _____

Phone: _____ Mobile: _____

Email: _____

Please be sure to include your signed Workplace Learning Agreement Form.

CONSENT:

Student Name: _____

Student Signature: _____ Date: ____ / ____ / ____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Return this form to:
Denise Fowler-Banks
Organisational Development
City of Salisbury
PO Box 8
Salisbury SA 5108

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