

OFFICE USE – Original Copy – Student Copy – Organisation’s Copy

CD

CAREER DEVELOPMENT VOLUNTARY WORK EXPERIENCE INSURANCE COVER APPLICATION FORM

This application enables students to be approved for voluntary work experience under the University’s insurance provisions.

STEP 1

Complete all sections of this application form (except for authorisation block), and then send to the Careers Service, Division of Student Services for **Preliminary Approval**:

Bathurst Campus - Vicki Anderson vanderson@csu.edu.au

or

Wagga Campus - Paul Worsfold pworsfold@csu.edu.au

To include your actual **signature** you can fax your completed application to:

Attention: Vicki Anderson, Bathurst 02 6338 4304 or

Attention: Paul Worsfold, Wagga 02 6933 2709

STEP 2

You will be contacted for any further information/requests and/or the final approval.

STEP 3

You must **not** commence any voluntary work experience until you have received the final approval (ie. two copies of the application form, authorised by an Officer of the University, and the insurance provisions).

These will be faxed – **You need to supply a return fax number**

STEP 4

Copies of the University’s insurance provisions will also be sent either prior to, or with your final approval documents.

STEP 5

A copy of the university’s insurance provisions must be provided to the organisation offering the voluntary work experience, noting what is and is not covered under the University’s insurances provisions, along with your signed copy of the terms and conditions. **These will be faxed**



NAME: _____

STUDENT NUMBER: _____ **DATE OF BIRTH:** _____

COURSE: _____

CONTACT DETAILS: _____

MOBILE NUMBER: _____

EMAIL (Clearly please): _____

FAX NUMBER FOR RETURN OF DOCUMENTS: _____

LEAVE BLANK ANY SECTION/QUESTION ON THIS APPLICATION FORM FOR WHICH YOU DO NOT HAVE AN ANSWER/INFORMATION

The planned work experience is unpaid: **Yes** **No**

Are you a Resident of Australia? **Yes** **No***

*** If no, please provide a copy of your Work Permit.**

Are you a Distance Education Student? **Yes** **No**

1. Name of external organisation offering the work experience, their location and contact details.

2. Describe the relevance of the work experience to your personal career development.



3. Describe the nature of the work you will be undertaking.

4. Start date* of the work experience

5. End date* of the work experience

6. What will be your work schedule, eg Monday only 9am to 3pm

*Any variations to the actual period of the planned work experience must always be notified to, and confirmed with, vanderson@csu.edu.au or pworsfold@csu.edu.au

7. Describe any potential safety risks or hazards which are likely or may be experienced whilst on work experience with the external organisation, eg. lifting heavy weights or operating machinery.

TERMS AND CONDITIONS OF THE CAREER DEVELOPMENT VOLUNTARY WORK EXPERIENCE

MUST BE COMPLETED - DO NOT LEAVE BLANK

While on voluntary work experience the student acknowledges and agrees to;

- Not engage in illegal activities
- Not willingly place themselves or CSU property at risk
- Not consume alcohol or use illegal substances
- Behave in a responsible and professional manner
- Acknowledge that they are engaged in a program to further their career development.

NOTE: The CSU Careers Service does not monitor work experience activities outside of any course related practicum or clinical placement. It is the responsibility of the external organisation to ensure that their own emergency procedures are explained and that contact details for the student are obtained in case of an accident.

I, _____, declare that my application is both true and correct and I have not withheld any relevant information. I declare that I will abide by the process for gaining approval (to undertake voluntary work experience) and the terms and conditions as outlined. I understand that the University reserves the right to decline or limit participation in any planned voluntary work experience and I cannot commence participation in voluntary work experience until an authorisation number has been allocated to me and I've received a copy of the applicable insurance coverage.

I, _____, will not undertake any specific work practice whilst on voluntary work experience (eg operating a chainsaw or any other restricted activity) that I am not qualified or trained to do.

Print Student Name

Student's Signature

Date

(Must be an actual signature)

OFFICE USE Authorisation Number: CD

Authorisation and Approval by:

Printed name: _____

Signature: _____

Date: _____