#

**Student-Sourced WBL Position Description**

Thank you for offering to host a La Trobe University student within your organization as part of a Work Based Learning placement.

The Work Based Learning Placement program aims to support students in the transition from university to working life career. Students who participate in this program will be able to apply the theory they have learnt at university in the real world, develop professional skills and gain industry insights through your mentoring and support.

The purpose of this form is to record information about your organization and the proposed activities to be undertaken as part of the Placement. The details on this form will be reviewed by La Trobe to assess the suitability of the proposed placement. If the proposed placement proceeds, La Trobe will send you a formal agreement, which will need to be signed and returned before the Placement commences.

La Trobe University is committed to respecting the privacy of your personal information. If the information sought in this form not provided, then the University will not be able to assess the suitability of the proposed placement and it may not proceed. You may have the right to access the personal information we hold about you subject to any exemptions in relevant laws.
For more information, please visit the University’s [privacy policy](https://policies.latrobe.edu.au/document/view.php?id=1&version=3).

1. **STUDENT DETAILS**

|  |  |  |
| --- | --- | --- |
| **Student Name:**Click or tap here to enter text. | **La Trobe ID:**Click or tap here to enter text. | **International student**[ ] **Yes** [ ] **No** |
| **Current Degree Program/Course:**Click or tap here to enter text. | **Placement Subject Code(s):**Click or tap here to enter text. | **Semester** Click or tap here to enter text. |
| **University Major and Minor:** | Click or tap here to enter text. |
| **How will this support you to achieve your career aspirations or align with your course?**Click or tap here to enter text. |

1. **PROPOSED HOST DETAILS**

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| **Host Organisation Name:**Click or tap here to enter text. |
| **Location of placement:** [ ]  **Remote (off-site)** [ ]  **On-site** [ ]  **Hybrid (combination of onsite/offsite)** **If on-site, address:**Click or tap here to enter text. |
| **Host contact** ***An individual employed at the host organisation who is willing to sign a placement agreement***Full Name: Click or tap here to enter text.Position Title: Click or tap here to enter text.Email Address: Click or tap here to enter text.Telephone: Click or tap here to enter text.LTU Alumni:[ ]  Yes [ ]  No |
| **Host Supervisor:** ***Responsible for the day-to-day supervision and feedback while student on placement***Full Name: Click or tap here to enter text.Position Title: Click or tap here to enter text.Email Address: Click or tap here to enter text.Telephone: Click or tap here to enter text.LTU Alumni:[ ]  Yes [ ]  No |
| **Secondary Host supervisor name (if applicable):**Full Name: Click or tap here to enter text.Position Title: Click or tap here to enter text.Email Address: Click or tap here to enter text.Telephone: Click or tap here to enter text.LTU Alumni:[ ]  Yes [ ]  No |
| **ABN:**Click or tap here to enter text. | **Website:** Click or tap here to enter text. |  |

**WBL OPPORTUNITY DETAILS**

**3. Does the host organization have Public and Products Liability Insurance to a minimum of $AU10million?**

[x]  Yes [ ]  No

**If “No”, please provide amount of PL insurance currently held and a copy of the insurance certificate**

1. **Organisation background**

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| Click or tap here to enter text. |

1. **Placement/Project Purpose**

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| Click or tap here to enter text. |

1. **Key duties and responsibilities of the placement/project**

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| Click or tap here to enter text. |

1. **Placement hours and dates**

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| **Total** Placement hours/days:Click or tap here to enter text. |
| Shift pattern (Days/hours per week):Click or tap here to enter text. |
| Planned placement commencement date: Click or tap here to enter text. | Planned placement completion date: Click or tap here to enter text. |

1. **Other requirements**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please tick to indicate compliance required of students:** | [ ]  Police Check | [ ]  Working with Children Check (WWCC) | [ ]  Other (please specify) |
| **Placement type:** | [ ]  Unpaid | [ ]  Employee (Please indicate when the student commenced working with the organization)Commencement date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Does the placement require any domestic or international travel** | [ ]  No, none | [ ]  Yes, domestic interstate | [ ]  Yes, international |
| **Is the student required to directly sign a contract with the organization to complete the placement?** | [ ]  No | [ ]  Yes, please provide details: |

**Completed by \_\_**Click or tap here to enter text.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_**Click or tap to enter a date.

|  |
| --- |
| **INTERNAL LTU USE ONLY** |
| Approved by:Click or tap here to enter text. | Click or tap to enter a date. |