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Attention: MWLP Team Fax Number: 4625 2863

STUDENT FOUND OWN WORK PLACEMENT

Please complete the details in the spaces provided:

Student _____
Teacher _____ School/TAFE _____
Framework _____
Date _____
Reason _____

Details of Host:

Company Name _____
Contact Name _____ Phone: _____
Mobile _____ Email: _____
Address _____
Placement Dates _____

Student Signature _____ Teacher Signature _____

Office Use Only

Work placement facilitated Work placement not facilitated

If not facilitated, reason: _____