

Work Placement Consent

If you are under 18 years of age, this form must be completed by a parent or caregiver and submitted before you can commence your placement.

Name of Work Placement Candidate:
Name of Parent or Caregiver:
Address:
Phone:
Email:
Relationship to Work Experience Candidate:
Council should be aware of the following medical conditions or factors:
I consent to the Work Placement candidate undertaking the placement as stated on the online application form.
Signature of Parent or Caregiver: Date: Date:
Please scan and attach the completed form to the Work Placement Application (You can do this at the end of the application before you SUBMIT.)
If you have any issues or concerns please contact Human Resources on (02) 48 234 440.

Council collects your personal information only for a lawful purpose that is directly related to Council's HR functions and activities. Council is required under the Privacy & Personal Information Protection Act 1998 (PPIPA) to collect, maintain & use your personal information in accordance with the Privacy Principles & other relevant requirements of the PPIPA.