

Structured Workplace Learning Travel and Accommodation Form

Education and Training Reform Act 2006 – Ministerial Order 55: Structured Workplace Learning Arrangements (Schools)

STUDENT DETAILS

Surname _____ First Name _____ Birth Date ____ / ____ / ____
School Name and Address _____
_____ Postcode _____ Telephone _____
Structured Workplace Learning Coordinator _____ Student Year Level _____

IN CASE OF AN EMERGENCY, THE EMPLOYER SHOULD CONTACT THE STUDENT'S PARENT OR GUARDIAN AND THE STRUCTURED WORKPLACE LEARNING COORDINATOR:

Name (Parent/Guardian) _____
Address _____ Postcode _____
Tel. (Home) _____ (Work) _____ (Mobile) _____
Emergency contact (Name and Tel.) _____

