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**Work Experience Application Form**

**Form must be lodged by 29th March 2019.**

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| --- | --- |
| **Name**  |  |
| **Date of Birth** |  |
| **Contact Number** |  |
| **Email address**  |  |
| **School**  |  |
| **Year**  |  |

**We will try to arrange Work Experience around the months of May – June. We have not yet confirmed any dates with the participating areas so please if you have a preference or previous commitments please indicate below.**

**Please note: *We do not place students with Doctors or in Theatre, The Urgent Care Centre, Aged care or Counselling***

**Please indicate areas of interest?** (You can nominate several areas)

* Nursing
* Midwifery
* Radiography (X Ray)
* Pathology
* Physiotherapy
* Exercise physiology
* Other \_\_\_\_\_\_\_\_\_\_\_\_
* Occupational Therapy
* Speech Therapy
* Podiatry
* Health Promotion
* Nutrition and Dietetics
* Engineering

**What would you love to achieve during your time at Portland district health?**

**Students who are successful having work experience at Portland District Health with be notified via their high school and also a confirmation letter and welcome pack sent to their home address (if provided).**

**Please contact Kylie Micallef – Work Experience Coordinator - 0473377098**