



Let's Get Fraser Coast Working Expression of Interest Form

Purpose of the form: This form is used to express an interest in a voluntary, unpaid work experience at Fraser Coast Regional Council.

Please complete the details below and attach a current resume and copy of appropriate insurance*. The completed form will need to be submitted to LOD@frasercoast.qld.gov.au

PERSONAL DETAILS:

Title: _____ **First Name:** _____ **Surname:** _____

Gender: M F Other **Date of Birth:** _____ **Phone Contact:** _____

Street address: _____ **Suburb:** _____ **Postcode:** _____

Email: _____

Any vital medical information (eg: allergies, medication): _____

WORK EXPERIENCE DETAILS

Start date for placement _____ **Finish date** _____

Preferred Option:
Department/Work area of interest _____

Second Option:
Department/Work area of interest _____

Please note that it may take up to two weeks to confirm if the workplace has the capacity to accommodate your work experience request. Work experience is not guaranteed; however, we will do our best.

What do you hope to gain from your work experience placement? _____

EMERGENCY INFORMATION:

The following information is strictly confidential and only to be used in the event of an emergency. Please provide as much information as possible.

Emergency contact name: _____ **Emergency contact phone:** _____

Emergency email address: _____



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OTHER INFORMATION:

School / Job Agency / Training Provider: _____

Contact person: _____ Phone: _____ Email: _____

SIGNATURES:

Participant signature: _____ Date: _____

PARENT / GUARDIAN SIGNATURE: _____ Date: _____

ATTACHMENTS:

RESUME

CERTIFICATE OF INSURANCE

*All participants need to be covered by a current public liability insurance policy. In most cases this will be provided by the agency / training provider participants are registered with.