SCHOOL OF BUSINESS AND ECONOMICS – GIPPSLAND

BACHELOR OF BUSINESS AND COMMERCE
WORK PLACEMENT PROGRAM

STUDENT APPLICATION FORM FOR SEMESTER ONE
Applications close 15th of December.

Students must also provide the following information with the following application form:

- Resume containing personal details, education history, work history
- A supporting statement of 600 words (maximum) addressing the following:
  1. Describe the kinds of activities you would like to be involved in during your work placement
  2. Describe your academic, professional and personal goals for the work placement
  3. Briefly outline a major issue related to the field in which you wish to work.

First Name __________________________ Family Name: __________________________

Date of Birth __________________________ Student ID: __________________________

Mailing Address ______________________________________________________
____________________________________________________________________

Home Address ______________________________________________________
____________________________________________________________________

Phone Numbers
Home __________________________ Mobile __________________________

Monash Degree you are studying __________________________________________

Major area/s of interest within degree ______________________________________

Do you have any preference for a particular industry________________________
Do you have any special medical or access needs ______________________________

________________________________________________________________________

Details of any work experience, volunteer work or club involvement demonstrating your interest in
the area of study:

________________________________________________________________________

________________________________________________________________________

Referees (two referees to be provided)

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<th>Name</th>
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Please attach a statement regarding the benefits to you and the employer if you receive a place in
the Work Placement Program.

I acknowledge that this application and my academic results will be forwarded to employers
involved in the Work Placement Program in order to assess my application.

I also acknowledge that this is only an application form, Monash University and the employers
involved in the Work Placement Program are under no obligation to offer a Work Placement
Program position.

Signed: ________________________________

Name:(block letters) ________________________________

Date: ________________________________

Please return completed forms to:

**Administration**
Janine Alexander
Work Placement Program
School of Business and Economics
Monash University
Gippsland Campus
CHURCHILL   VIC 3842

**Academic Co-ordinator**
Leo Billington
School of Business and Economics
Monash University
Gippsland Campus
Gippsland Campus
CHURCHILL   VIC 3842

Forms may be faxed to 5122 6524