

# Graduate Diploma of Legal Practice Work Experience Component



## Application for approval of placement

**This application form is for prospective and retrospective work experience placements.  
Please fill in all sections of this application using CAPITAL letters and in blue or black ink.**

The College of Law Student ID (if known): \_\_\_\_\_

Mr  Ms  Mrs  Miss  Dr

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female Preferred First Name (if different) : \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

### Correspondence Address:

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

### Permanent home address (if different):

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

## Course Enrolment Details

Have you enrolled or completed the Coursework Component of the PLT Program?

Yes Course code: \_\_\_\_\_

No If no, in which stream do you intend enrolling?  NSW  QLD  VIC  WA\*

\* WA students must use the WA specific Approval Form

## Work Placement Details

Organisation/Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

DX Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Facsimile: ( ) \_\_\_\_\_

Work placement dates:

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(DD/MM/YYYY) (DD/MM/YYYY)

Full-time  Part-time Number of days in the workplace each week \_\_\_\_\_

**(If undertaking variable days per week or multiple periods of placement, please attach an annexure detailing dates signed by you and your supervisor)**

\_\_\_\_\_  
(Signature of Applicant)

Ensure that you are familiar with the Work Experience Rules  
Visit [www.collaw.edu.au](http://www.collaw.edu.au)

For College Use only

Approved Date \_\_\_\_\_

Student No. \_\_\_\_\_

Commencement Date \_\_\_\_\_

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## Supervisor's Undertaking in Relation to Work Experience

**To be completed by your supervisor or intended supervisor:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

**I am a:**

- lawyer with a full practising certificate
- member of a tribunal and a legal practitioner
- judge
- lawyer with a restricted practising certificate held over two years (in Queensland, three years)
- other (If you have indicated 'Other', please provide an attached statement explaining why you can provide appropriate practical experience supervision.)

Please state the number of years you have held your restricted practising certificate: \_\_\_\_\_

If applicable, please provide details of any restriction or limitation upon your certificate.

My practising certificate was issued in (Name of State/Territory/Country): \_\_\_\_\_

If you hold a practising certificate issued outside Australia, please provide copies of:

- (i) your licence/practising certificate
- (ii) your academic qualification in law

Please describe your current position: \_\_\_\_\_

I, \_\_\_\_\_ undertake to provide/have provided

*(Supervisor's full name in capital letters)*

\_\_\_\_\_ with a period of work experience that

*(Name of Applicant)*

complies with the Work Experience Rules. I undertake to advise the Work Experience Committee if I become unable to comply with this undertaking. (delete if retrospective)

I certify that I have not been the subject of an adverse finding by any relevant court, licensing authority or disciplinary body under the law governing the legal profession in any relevant jurisdiction; or if having been the subject of an adverse finding, I have made full disclosure to the Work Experience Committee (if applicable, details can be attached).

I advise the Work Experience Committee that I will not be supervising more than three other graduates-at-law in work experience placements concurrently or that I have sought approval to supervise more than three (if applicable, details can be attached).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to:  
Student Services - Work Experience  
The College of Law  
PO Box 2, St Leonards NSW 1590  
Australia  
DX 3316 St Leonards