

Graduate Diploma of Legal Practice Work Experience Declaration



Work Experience Declaration

(To be completed at the end of EVERY WE placement)

I, _____ (Applicant) _____ (Student Number)

declare that:

1. I undertook Work Experience in compliance with the Work Experience rules:

at _____ (Approved work place)

I undertook Work Experience in satisfaction of the Additional period, within the 2 years prior to commencement or during or after completion of the coursework component

from _____ to _____ (total number of days) on the basis of _____ days a week

I undertook Work Experience in satisfaction of the Minimum period, either concurrently with or within 2 years of completion of the coursework component and at a minimum rate of 2 days per week

from _____ to _____ (total number of days) on the basis of _____ days a week

Please complete the Annexure overleaf detailing dates. It must be signed by you and your approved supervisor. If you are completing the coursework full time you may not claim any more than 2 days per week during the coursework component.

2. At this placement I have completed _____ (insert total number) days of Work Experience.

I declare that the statements contained in this declaration are true and not misleading in any respect. I acknowledge that there are serious professional consequences for false or misleading information and that The College of Law relies on this declaration when certifying my completion of the Graduate Diploma of Legal Practice.

Signature: _____ (Applicant's Signature) **Date:** _____

Signed in the presence of: _____ (Witness' Signature) **Date:** _____

Name of witness (please print) _____

Occupation: _____

Address: _____

3. If this declaration relates to the minimum period or part thereof and I am not undertaking the CEM, I confirm I have completed and attached the Work Experience Journal with this declaration.

Acknowledgement

(To be completed at the end of EVERY WE placement by the supervisor who signed the approval form)

I, _____ (Approved Supervisor)

certify that: _____ (Applicant)

has undertaken the above Work Experience under my supervision and that such WE complies with the WE rules. If this declaration relates to the minimum period (or part thereof) I confirm the student has completed the Work Experience journal which I have signed.

Signature: _____ **Date:** _____

Please return the declaration to:

Student Services - Work Experience,
The College of Law, PO Box 2, St Leonards, NSW 1590
DX 3316 St Leonards, NSW
Or email to support@collaw.edu.au

Annexure for WE Placement

Student name:

Student number:

Course code:

I _____ (approved supervisor) confirm that _____ (applicant name) has satisfactorily completed the following WE days. These days comply with the WE rules.

Days	Date dd/mm/yy	Full or half day (F/H)	Days	Date dd/mm/yy	Full or half day (F/H)	Days	Date dd/mm/yy	Full or half day (F/H)
1			26			51		
2			27			52		
3			28			53		
4			29			54		
5			30			55		
6			31			56		
7			32			57		
8			33			58		
9			34			59		
10			35			60		
11			36			61		
12			37			62		
13			38			63		
14			39			64		
15			40			65		
16			41			66		
17			42			67		
18			43			68		
19			44			69		
20			45			70		
21			46			71		
22			47			72		
23			48			73		
24			49			74		
25			50			75		

Please add additional days if necessary.

Student signature:

Date:

Supervisor signature:

Date:

Please return to: Student Services – Work Experience, The College of Law, PO Box 2, St Leonards, NSW 1590 with the declaration form.
DX3316 St Leonards, NSW or email to support@collaw.edu.au.