

PLEASE COMPLETE THIS FORM AND EMAIL OR MAIL TO:

support@collaw.edu.au or Student Services - Work Experience, The College of Law P.O. Box 2, St Leonards NSW 1590 Australia or DX 3316 St Leonards

Note: 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.

PERSONAL DETAILS

The College of Law Student ID (if known): _____

Title & First Name: _____ Preferred First Name (if different): _____

Middle Name: _____ Surname: _____

Date of Birth: _____ (DD/MM/YYYY) Gender: Male Female X

Home Telephone: _____ Mobile: _____ Work: _____ Fax: _____

Work Email: _____ Email: _____

Address Details

Street: _____ Suburb/Town: _____

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 NT QLD SA VIC WA

Estimated month/year of graduation from law degree: _____

Work Placement Details

Organisation/Firm: _____

Street Address: _____ Suburb/Town: _____

State: _____ Postcode: _____ Country: _____

DX Address: _____ Telephone: _____ Fax: _____

Work placement dates: _____ (DD/MM/YYYY) to _____ (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: _____ Date: _____

Office Use Only

FOR COLLEGE USE ONLY	
FOR COLLEGE USE ONLY	
Work	
Supervision	
FT/2 days per week	
# days per week	
Additional - 60 days	
Minimum - 15 days in Australia	
2 years prior to enrolment	
Refer to WEC	

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TO BE COMPLETED BY YOUR SUPERVISOR OR INTENDED SUPERVISOR:

Title & First Name:

Middle Name:

Surname:

I AM A:

Please tick the applicable boxes:

Lawyer with a full practising certificate

Lawyer with a restricted practising certificate held over 2 years

If applicable, please provide details of any restriction or limitation on your practice

Member of a tribunal and a legal practitioner

Judge

Other

(If you have indicated 'Other', please attach a statement explaining why you can provide appropriate practical experience supervision.)

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
- (iii) and state the number of years you have held your practising certificate

I, _____ undertake to provide/have provided

(Supervisor's full name in capital letters) , (description of position)

with a period of work experience that 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 acknowledge that I have been provided with information about the purpose of the student's WE and of the College's expectations of the nature of the work and supervision the student will experience. (This information is available under Learn With Us on the website: www.collaw.edu.au)

Signature of supervisor:

Date: