

# 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 (see website for most current rules at collaw.edu.au):**

at \_\_\_\_\_ (Approved work place)

I undertook Work Experience in satisfaction of both the minimum and additional period

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. The minimum period must be accrued in Australia at a minimum rate of two days per week concurrently with or after 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.

**In isolation this annexure does not sign off on work experience days, you must also submit the work experience declaration form.**

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.