

Graduate Diploma of Legal Practice

Work Experience Component Application for Approval of Placement



Please complete this form and return to Student Services via email to support@collaw.edu.au

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

COLPass:			
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? ACT NSW NT QLD SA TAS 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		
Remote Supervision	Supervision will occur at least daily		

If undertaking variable days per week or multiple periods of placement, you must complete the annexure on page 2 of the declaration form. You must submit the declaration and annexure at the end of each placement to have the days signed off.

For remote supervision please note that you will be required to lodge the remote supervision diary signed by you and your supervisor along with the declaration.

Signature of applicant:

Digital Signatures accepted

Date:

Office Use Only

FOR COLLEGE USE ONLY

FOR COLLEGE USE ONLY

Work

Supervision

FT - 2 days per week only

days per week

Additional - 60 days

Minimum - 15 days

2 years prior to enrolment

Refer to WEC

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Please complete this form and return to Student Services via email to support@collaw.edu.au

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

Judge

Member of a tribunal and a legal practitioner

Other (See rule 7.1(c))

(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:

Digital Signatures accepted

Date: