

WORK EXPERIENCE APPLICATION FORM

Reference number: HRFM06900



Approval Date: March 2013

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This form must be completed and provided to the store manager (line manager) at least 6 weeks prior to your work experience commencing.

Please note, if this form is not completed correctly your application for workplace experience will not be accommodated.

Student Information

First Name:..... Surname:.....

Address: Postcode:.....

Telephone (home): Mobile:

Email Address:

Name of School:..... Grade/ Year Level:

Date of Birth:(please note the minimum age for work experience is 15 years)

Details of Proposed Work Experience

Commencement Date:..... / / End Date:..... / /

Preferred number of hours/days per week:

Location of Store:

(eg Newton Pharmacy or Blackwood Optical)

School Details

Secondary School University

Name of School:..... Grade/ Year Level:.....

Address: Postcode:.....

Work experience co-ordinators name:

Telephone: Mobile:

Email Address:

Students Confirmation

Name: Signature: Date:..... / /

Parent/Guardians Confirmation

Name: Signature: Date:..... / /

Application Questions

Why have you chosen to complete your work experience with National Pharmacies?

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What is your understanding of National Pharmacies and the retail environment?

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What do you hope to gain from your work experience?

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What career path are you looking to pursue after completing your studies?

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Student Checklist and Confirmation

- I have attached a completed copy of the 'Workplace Learning Agreement Form'
- I have completed all sections of National Pharmacies' 'Work Experience Application Form'
- I have obtained approval to complete my work experience placement with National Pharmacies from my parent/guardian
- I have read and understood the work experience application process as outlined on National Pharmacies' website

Students Confirmation

Name: Signature: Date:...../...../.....

National Pharmacies Use Only

Has a minimum of 6 weeks notice be provided? No Yes

Date form received:/...../..... Commencement date of work experience:...../...../.....

Has a correctly completed 'Workplace Learning Agreement Form' been provided? No Yes

Has a correctly completed 'Work Experience Application Form' been provided? No Yes

Approval

Has work experience placement been approved? No Yes

If application has not been approved please select the appropriate box to identify the reason.

- A minimum of 6 weeks notice has not been provided
- Unable to accommodate the dates requested
- 'Workplace Learning Agreement Form' not submitted
- 'Workplace Learning Agreement Form' not completed correctly
- 'Work Experience Application Form' not submitted
- 'Work Experience Application Form' not completed correctly
- Not a secondary or University student

Date student advised of the outcome of their application:/...../.....

Line Manager Confirmation

Name: Signature: Date:...../...../.....

Store Details

Branch name:

Address:

Contact number: Fax number:

Line Managers Name:

At the completion of the work experience this form must be sent to the Training department.