Professional Experience Guidance and Counselling Placement Application (Form G)



This form is to be submitted by students who are required to attend a Guidance and counselling placement as part of their EDU8336 course. It is the student's responsibility to return this form to the UniSQ Work Integrated Learning Team for placement approval. Please note: any contacts or leads that you have provided will be considered in collaboration with the associated Education System responsible officers.

Student deta	ils			
Student name		QCT Registration	on Number	
Student number		Student phone		
Postal Address				
Suburb		State	Postcode	
			oviding that the proposed start date allow	vs time
Course code	Length: 50 hrs	Starting date	Finishing date	
EDU8336				
Contact inforn Site name	nation - to be complet	ed by UniSQ Stude	nt	
Contact position		Contact email		
Phone	Site postal a	ddress		
Suburb	State		Postcode	
Are you an employee	of the organisation?	Yes	s No	

Wo	orking with children	
	I have a current Blue Card that does not exp	ire during the placement and which is registered with UniSQ.
Blue Card num OR		Blue Card expiry date
	I have attached evidence of compliance with	n the legal requirements for a setting outside Queensland
∏ I ∈ k r	expectations for code of conduct, etherealth and safety. I shall discuss the equired documentation to the satisfact	n in all aspects of this placement and will accept the site's os, cultural awareness, teaching philosophy, and workplace se matters with the site and, where applicable, complete
5	Student's signature	Date
	acement Approval By signing this form you are confirming the	he placement details above are correct and approved
:	Senior Guidance Officer	Region
[[Contact Email	Phone
[: [Senior Guidance Officer's signature	Date

Form submission

Students submit to: WIL@usq.edu.au

Schools/Sites submit to: WIL.Support@usq.edu.au

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