

PLACEMENT SUMMARY FORM

STUDENT DETAILS

Student name		Student ID	
Student email		Student ph	
Student course		Course code	

PLACEMENT DETAILS

Please indicate the type of placement to be undertaken	<input type="checkbox"/> Work experience <input type="checkbox"/> Internship <input type="checkbox"/> Mentoring <input type="checkbox"/> Other If other please describe:		
Outline of primary duties with 3 to 5 bullet points			
Duration of placement	Begin:	End:	
	Total hours:	Total days:	
Name of company / organisation			
Primary location (address)			
Contact name at work		Contact's position	
Contact's phone		Contact's email	
Aim of placement (Please tick relevant box/boxes)	<input type="checkbox"/> Enable the student to apply theoretical and other knowledge gained from their course of study in a practical setting. <input type="checkbox"/> Undertake activities consistent with the student's course objectives. <input type="checkbox"/> Provide an opportunity for the student to explore career options or make more informed decisions regarding their career development. <input type="checkbox"/> Support the student's transition from study to work.		

APPROVAL DETAILS

Name			
Position			
Faculty			
Signature		Date:	