



Engineering

Placement Application

To enable this electronic form, first save then reopen as a PDF file as it will not function properly within a browser window. The current version of Adobe Acrobat Reader is required for full functionality.

- Computer version: https://acrobat.adobe.com/au/en/acrobat/pdf-reader.html
- Mobile app version to assist with form on devices: https://acrobat.adobe.com/au/en/mobile/acrobat-reader.html
- · Placement Application must be approved before commencing placement. Submission is compulsory.
- Charles Sturt University will handle your personal information contained in this form pursuant to its obligations contained in the *Privacy and Personal Information Protection Act 1989 (NSW)* and the university's Management Plan.

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Year commencing

SECTION 1: Student details					
Family name	First name				
Student ID	Email				

Ability to undertake placement

Preferred contact number

Do you have a disability/medical condition or personal circumstance which may impact on participation requirements of workplace learning? If Yes, please detail/describe the impact your condition or circumstance will have on participating on placement. If this is a disability/medical condition please complete the Workplace Learning Health and Safety Disclosure form located at https://policy.csu.edu.au/document/view-current.php?id=363#section5

Do you have a study access plan?

SECTION 2: Stream

Select the most appropriate stream:

Stream 1: Placement with new host organisation (where business is not the current employer)
Stream 2: Placement with existing employer (where business is the current employer)

Length of service: How long have you worked for this organisation?

If Stream 1 was selected in stream, choose Not Applicable.

Host relationship: Does a member of your family own or work at the organisation?

Organisation relationship: What is your relationship to the family member?

If No was selected in host relationship choose Not Applicable.

Management relationship: Will a member of your family be supervising you?

If No was selected in host relationship choose Not Applicable.

Supervisor relationship: What is your relationship to the supervisor?

If No was selected in host relationship choose Not Applicable.

Charles Sturt University - TEQSA Provider Identification: PRV12018 (Australian University). CRICOS Provider: 00005F. ABN: 83 878 708 551.

Name of host of	organisation/depart	ment			
Organisation a	ddress (No post offic	ce boxes)			
City			S	tate	Postcode
Organisation p	hone number	Organisation	website		
Location Where	will you be working?	Working si	te address <i>if different</i>	from organisation add	ress
Main focus are	as				
General civ	vil Water	Structural	Geotechnical	Environmental	Council infrastructure/public works
Site works	construction	Project Manage	ement Other		
Main role					
Design	Project Ma	nagement	Construction Mar	nagement Ass	et Management
Number of prev	vious placements wi	th this employe	r? If 2 or more, pleas	se justify	
Vour placement	s need to cover a rar	ige of roles, even	oriences organisation	s and specialties of ci	vil engineering. Your roles must include
time in design, o	construction and proje	ect managemen	t. What will your next p	s and specialities of ch placement contribute to	o your development and learning?
I acknowledge	that Intermediate an	d Professional	placements have a t	nesis component. Pro	ovide details below if required.
Placement sta	andard arrangeme	ents (refer <u>Stu</u>	dent Guidebook)		Meets standard arrangements
Duration:	Proposed start date		Propos	ed end date	arrangements
Paid work:	vork: Days per week		Hours p	er week	
Study day:	Paid study day p	rovided each v	veek		
Salary (excluding superannuation): Weekly Annual					
If any of the i	tems above do no	t meet the sta	indard arrangemer	nts, a <u>Placement Va</u>	ariation must be submitted
SECTION 4: 8	Student consent				
I give my conse	ent to Charles Sturt	University to pr	ovide my name, ema	and contact telepho	one numbers to relevant personnel at the

placement organisation to be able to contact me in relation to the placement if necessary.

I give my consent to Charles Sturt University to disclose to relevant personnel at the placement organisation any personal information which I have provided in this application to ensure that my learning needs can be met and to ensure the success of the placement.

I declare the information and supporting documents provided in this form are correct and complete. I acknowledge that submitting deliberately false or misleading information may result in the application being rejected and action being taken against me pursuant to applicable Charles Sturt University student misconduct policies.

I give consent for Charles Sturt University to use collective data from this placement for other purposes.

Signature: Date:

How to create a digital signature link

SECTION 3: Placement details

Should submit button not work: Save form to a hard drive and email to Workplace Learning team. (engineering-wpl@csu.edu.au)

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SECTION 5: Host supervisor (to be completed by host organisation)

Host Sup	pervisor Detail	<u>3</u>				
Title	First name	Family name	F	Position		
Preferre	ed contact numl	per Em	ail			
		nost supervisor meets the minimum re oplied for, as outlined in section 6 of the		<u>pook</u>		
Name of	degree					
Institution	า		Year graduated			
I confirm	nominated sup	ervisor has completed the Charles Stu	rt Engineering online Host S	upervisor Training		
If no, I confirm nominate supervisor will complete Charles Sturt Engineering online Host Supervisor Training						
Do you a	nticipate there \	vill be commercial in confidence issue	\$?	If yes, please specify		
If yes, wil	I these issues a	ffect student submission requirements	?	If yes, please specify		
Placeme	ent contact det	ails (if different from supervisor)				
	First name	Family name		Position		
Preferred	d Contact Numb	er En	nail			
	nt contact or r signature:		Date:			
		How to create a digital signature link				
Charles	Sturt office us	e only				
Approved	l by CSU Engi	eering				
Comments: (to be advised to the student and host organisation)						
Approvers	Name	Signature		Date		

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Email to WPL