

Work Experience



Application Pack

COMPLETING THE APPLICATION PACK

To enable you to participate in work experience you must read and complete the attached forms carefully and return them to the Human Resources branch.

The forms include:

- Confidentiality and Code of Conduct Agreement
- Application for Work Experience
- Application Form: Self-employed persons, Volunteers and Work Experience applicants (child-related positions only)

Please note: You will also be required to return relevant insurance details and documentation with your completed application pack. Your application is unable to be processed without this information.

FOR YOUR INFORMATION

Our *Code of Conduct* and *Anti-Discrimination, Harassment and Workplace Bullying Policy* are available to be downloaded from Council's website under Careers with Council / Work Experience Programs.

You will also find our Work Experience Availability List on this page which will assist you in determining a relevant business area to complete your work experience.

It is important that you carefully read and understand these documents and how they relate to your work experience.

APPROVAL TO COMMENCE WORK EXPERIENCE WITH COUNCIL

The approval of work experience is subject to the availability, time constraints and workloads of Council staff in the requested area. Similarly, work experience applications will not be accepted if appropriate insurance coverage has not been arranged.

Effort will be made to accommodate students seeking work experience; however, often the demand on Council to provide work experience is such that we may not be able to accept all applications.

If you are accepted to participate in a work experience program with Council, you agree:

- To be punctual and adhere to hours negotiated
- To notify your supervisor as soon as possible if you are unable to attend
- Work experience is voluntary and that you are not entitled to any form of remuneration from Blue Mountains City Council
- Blue Mountains City Council has the right to terminate your work experience placement at any time

EMAIL YOUR APPLICATION

It is preferred that the completed application pack is returned via email to hresources@bmcc.nsw.gov.au

Clearly label the email subject with 'Work Experience Application'.

CONFIDENTIALITY AND CODE OF CONDUCT AGREEMENT

While conducting work experience at Blue Mountains City Council ("the Council") you are required to sign and comply with the conditions of this agreement. By signing this agreement you agree to comply with the Council's Code of Conduct (copy attached). You will respect confidentiality and agree not to misuse information or resources that you come into contact with during your time with the Council.

You are required to treat as confidential the Council's business affairs and those of our customers and colleagues. You are required to comply with laws, which govern the use and disclosure of information.

As an equal opportunity employer, we acknowledge that all staff have the right to work without unlawful harassment or discrimination and must comply with relevant State and Federal legislation prohibiting it. In signing this agreement you confirm your understanding and compliance with the Council's Workplace Harassment Policy (copy attached).

I, _____, hereby acknowledge that I shall be liable for and indemnify the Council against any liability whatever either under statute or at common law imposed on the Council due to any act or omission by me in the performance of any duties pursuant to this agreement or by any act or omission by me.

I, _____, have read and understand the Council's Code of Conduct and Workplace Harassment Policy and acknowledge that I am bound by their terms. If I fail to observe these documents the Council will be immediately entitled to take action in accordance with Council's disciplinary policy that may result in the termination of this assignment. The Council will also be entitled to be indemnified against any loss the Council may suffer as a result of such a breach in accordance with this clause.

Signed by the above named:

Name

Signature

____ / ____ / ____
Date

In the presence of:

Witness Name

Signature

____ / ____ / ____
Date

APPLICATION FOR WORK EXPERIENCE

Please read the following thoroughly and complete all sections of this form.

<u>PERSONAL DETAILS</u>		
First Name:	Surname:	
Street Address:		
Suburb:	State:	Post Code:
Home Phone:	Mobile Phone:	
Email:		
<u>EMERGENCY CONTACT DETAILS</u>		
First Name:	Surname:	
Relationship with Student:		
Phone (BH):	Mobile Phone:	
First Name:	Surname:	
Relationship with Student:		
Phone (BH):		
<u>EDUCATIONAL INSTITUTION DETAILS</u>		
Career Advisor's Name (in full):		
Phone (BH):	Fax:	
Alternate Contact Name:	Alternate Phone:	
Educational Institution:		
Address:		
Suburb:	State:	Post Code:

WORK EXPERIENCE REQUEST DETAILS

Preferred Start Date: ____ / ____ / ____

Preferred End Date: ____ / ____ / ____

Preferred Type of Work Experience:
Refer to 'Work Experience Availability List'

Why do you wish to gain work experience in this area?

CHECKLIST

Please use this checklist to ensure you have provided all required information with your application

- You have read and understand the Code of Conduct
- You have read and understand the Harassment Policy
- You have reviewed the Work Experience Availability List
- You have signed and enclosed the Confidentiality and Code of Conduct Agreement
- You have enclosed the relevant insurance papers with your application
- All fields have been completed on the 'Application for Work Experience' form (*this form*)
- You have completed the Application Form: Self-employed persons, Volunteers and Work Experience Applicants (child-related positions only)



BLUE MOUNTAINS CITY COUNCIL

Application Form: Self-Employed Persons, Volunteers & Work Experience Applicants

- This application must be completed **in full** by all self-employed persons, volunteers & work experience applicants prior to undertaking child-related work with Blue Mountains City Council (BMCC).
- **An applicant cannot commence with BMCC until Human Resources have confirmed with the nominated supervisor that all WWCC requirements have been met.**
- The details contained within this application will assist BMCC to comply with the Child Protection (Working with Children) Act 2012 and Child Protection (Working with Children) Regulation 2013.
- This completed application must be forwarded to Human Resources via email hresources@bmcc.nsw.gov.au
- **Applicants under the age of 18 must provide a copy of their photo ID attached to this application. For example; drivers licence, passport, proof of age card.**

PERSONAL DETAILS: <i>Details you provide must match your proof of identity documents EXACTLY</i>		
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Given Names:		
Surname:		
Current Age: <i>If under 18, photo ID must be attached to this form</i>	Date of Birth: ____/____/____	
Street Address:		
Suburb:	State:	Post Code:
Postal Address: <i>If different to street address</i>		
Home Phone Number:	Mobile Phone Number:	
Email Address:		
EMERGENCY CONTACT DETAILS:		
Given Name:	Surname:	
Relationship to you:		
Home Phone Number:	Mobile Phone Number:	

WORKING WITH CHILDREN CHECK APPLICATION DETAILS (WWCC):

**Application/WWCC
Number:**

**Have you already
provided your 100
points of ID to RMS:**

Yes No

TO BE COMPLETED BY THE BMCC SUPERVISOR:

Volunteer Work Experience Applicant Self-Employed (Contractor)

**BMCC Contact
Person/Supervisor:**

**Expected
Commencement Date:** ___/___/___

**Description of
Duties/Reason
for
undertaking
work:**

TO BE COMPLETED BY HUMAN RESOURCES USE ONLY:

Work is deemed child-related and WWCC is required

Applicant U/18 – No check required until 18 **Expiry Date:** ___/___/___

Applicant U/18 – ID provided Yes No

WWCC Verified **Date:** ___/___/___

BMCC Contact Notified OK to Commence **Date:** ___/___/___

Personnel Number Assigned **P** _____

WWCC Recorded in CHRIS **Date:** ___/___/___