

Expression of Interest Council's Apprentice and Trainee Industry Initiative

IMPORTANT NOTICE

Western Downs Regional Council is collecting personal information you supply on this form in accordance with the *Local Government Act 2009*. The personal information collected on this form will be used for work experience placement purposes. Your personal information will be accessed by persons who have been authorised to do so. Your information will not be given to any other agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*. Western Downs Regional Council reserves the right to terminate work experience contracts at any time.



Employer Contact Details

Name of Business:			
Business Contact Person Name:			
Address:			
Suburb:		Postcode:	
Phone:		Email Address:	

We would like to be contacted to receive further information on Council's Apprentice and Trainee Industry Initiative prior to committing.



Request Details (optional)

Options for preferred dates of placement:	<input type="checkbox"/> Anytime - no preferred date			
	Commencement date from Option 1:	/ /	End Date:	/ /
	Commencement date from Option 2:	/ /	End Date:	/ /
Hours of placement:	Hours per day:			
Preferred Location:	<input type="checkbox"/> Chinchilla	<input type="checkbox"/> Dalby	<input type="checkbox"/> Jandowae	<input type="checkbox"/> Miles
	<input type="checkbox"/> Tara	<input type="checkbox"/> Wandoan	<input type="checkbox"/> Other: _____	

Placement Details

Please nominate the field of work that the trainee will be participating in (e.g. Business, Tourism, Workplace Health & Safety, Mechanical etc.)

1.	
2.	

What are you hoping to achieve as part of the industry partnership placement?

I acknowledge that Council will provide payment of the Trainee and Apprentice wages throughout the period of the Apprentice Trainee Industry Initiative. Public liability, professional exposure and workers compensation will be covered by Council's insurance. Throughout the Apprentice Trainee Industry Initiative a safe working environment and adequate supervision will be provided by the business.



Signature of Employer

I declare that the above information is true and correct.

Signature:	Name:	Date: / /
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Please email your completed request to: info@wdrc.qld.gov.au