



Quality LinCS Incorporated
Urrbrae Skill Centre
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STRUCTURED WORKPLACEMENT REQUEST

To be completed by teacher of VET program

VET Program Name:

VET Program Contact Teacher:

School/RTO Name: Telephone No: Fax No:

Total number of students to be placed:

Male: Female: NESB: Aboriginal/Torres Strait Islander:

School Card.....

Year Level: 10 11 12 13

Number of days requested:

Preferred placement model: Block: Day: Other:

Preferred placement days:

Monday: Tuesday: Wednesday: Thursday: Friday:

Preferred placement dates: *(Circle possible choices. Indicate strong preferences in Comments)*

Term 1: Term 2: Term 3: Term 4:

Weeks: 1: 2: 3: 4: 5: 6: 7: 8: 9: 10: 11:

Comments:
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Dates/Weeks not suitable:

Special request information:
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