



DE LA SALLE COLLEGE
WORK PLACEMENT - REPLY SLIP

Name of student: _____ Yr & Homeroom _____

Name of company or organization for Work Placement

Industry type: _____

Street address: _____

Postal address _____
(if different from above)

Telephone _____ Fax _____

Mobile _____

Email: _____

Contact person: (Mr or Ms) _____ Firstname _____ Surname _____

Title of contact person _____

Supervising person (Mr /Mrs/Ms) _____ Firstname _____ Surname _____
(if different from above)

Title of supervising person _____

Dates; 1) April 7-11; 2) September 22-October 3 (Holidays)

DATES OF WORK PLACEMENT: From _____ to _____

HOURS(IF KNOWN) From _____ to _____

Are you doing Industry and Enterprise studies (Circle your response) Yes/No

If yes, name of teacher of Industry and Enterprise class _____

Are you doing a VET or VCAL Course? (Circle your response) VET VCAL NO

If you are doing VET or VCAL , name the certificate eg Certificate II in Building and Construction

Please print clearly and complete all sections