

ECTARC PRACTICUM REGISTRATION FORM

**IMPORTANT PLEASE NOTE:
All students must complete this form**

(Please complete this form and return it to ECTARC within four weeks of commencing study. Once this form is processed by ECTARC, an information pack and Practicum Hours Log Book will be sent to you. ALL students must complete a Practicum Hours Log Book)

If you are working in a children's service you may be able to complete practicum requirements in your workplace.

Please note: If the Centre you are employed at does not have all of the required age groups (i.e. 0-2 years, 2-3 years, 2-5 years, 6-12 years and a child with additional needs) you will need to undertake practicum at another service.

STUDENT DETAILS	
Name:	
Address:	
Post Code:	State:
Telephone:	
Course (Please Tick): <input type="checkbox"/> Certificate III in Children's Services 30708 <input type="checkbox"/> Diploma of Children's Services (ECEC) 50908 <input type="checkbox"/> Certificate IV in Children's Services (OSHC) 41208 <input type="checkbox"/> Diploma of Children's Services (OSHC) 51008	
CURRENT EMPLOYMENT DETAILS	
Are you currently working in a licensed children's service (please tick✓)?	
<input type="checkbox"/> Yes (If yes, please complete the service details section below)	
<input type="checkbox"/> No	
SERVICE DETAILS	
Service Name:	
Service Address:	
Post Code:	State:
Service Phone:	Service Fax:
Service Email:	
Service Director / Authorised Supervisor's Name:	
Workplace Supervisor's Name:	
Workplace Supervisor's Qualification:	
Groups covered at service: (Please tick ✓)	
<input type="checkbox"/> 0-2 years <input type="checkbox"/> 2-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-12 years <input type="checkbox"/> Additional needs	
<input type="checkbox"/> Service management	

Student's Declaration

I _____, declare that the information given above is correct. I am aware that if my centre does not have all of the relevant groups, I am required to complete the remaining practicum's at another service as a practicum student.

Signed: _____ Date: __/__/__

Director / Authorised Supervisor's Declaration (if working in a service)

I _____, declare that all of the above information is correct.

Signed: _____ Date: __/__/__