

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)

If you are working more than 15 hours per week on a permanent basis 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, 3-5 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 <input type="checkbox"/> Certificate III – Diploma Upgrade <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate IV OOSH <input type="checkbox"/> Diploma OOSH	

CURRENT EMPLOYMENT DETAILS
Are you currently working in a licensed children's service for more than fifteen (15) hours per week (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"/> 3-5 years <input type="checkbox"/> 6-12 years <input type="checkbox"/> Additional needs	
Minimum hours of work per week:	

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: ___/___/___