

**Merri Creek Management Committee  
Ecological Restoration Team  
Student Work Placement & Volunteer Details (Confidential)**

Put YES in the appropriate box:

<b>Student</b>	Undertaking work placement as part of secondary or tertiary curriculum requirements	<b>Volunteer</b>	Undertaking volunteer work of not more than 2 days/week.
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Volunteers with MCMC's Ecological Restoration Team please ensure you are familiar with the conditions and requirements outlined on our [website](#).

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone (home)** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**Email** \_\_\_\_\_

***Work Placement students only***

Institution \_\_\_\_\_

Course \_\_\_\_\_

Year \_\_\_\_\_

Course Coordinator \_\_\_\_\_ Phone \_\_\_\_\_

What do you need from MCMC to fulfil your course requirements? (E.g. Assessments)

\_\_\_\_\_

**Emergency Contacts**

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Mobile) \_\_\_\_\_ (Work) \_\_\_\_\_

Relationship \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Mobile) \_\_\_\_\_ (Work) \_\_\_\_\_

Relationship \_\_\_\_\_

Do you have any known allergies? (Wasps, ants, other) \_\_\_\_\_

**Office checklist**

**Prior to commencing:**

- Signed Practical placement personal accident insurance by institution

**Upon commencement:**

- Copy of MCMC's Interim Staff Handbook made available to student/volunteer
- Student/Volunteer Workplace Induction

**Upon completion:**

- Travel Allowance (\$6/day for each day attended)

No. of days: ..... Total paid: .....

Please tick method of payment:  Cash, or  EFT (if using this method, insert details below):

Account name: \_\_\_\_\_ BSB \_\_\_\_\_ A/c No: \_\_\_\_\_

- Complete supervisor's report (1 copy to institution, student, MCMC file)

What would you like to gain while working at MCMC? e.g. particular skills, knowledge, contacts	(On completion of volunteering) Has your expectations been met? Put YES in the appropriate box		
	Above	met	Below

(On completion of volunteering) **Did you gain additional skills? What were they?**

**Can you suggest ways that MCMC could improve to make your placement more rewarding?**

Start \_\_\_\_\_ Finish \_\_\_\_\_ Total no. days \_\_\_\_\_

**Please sign and date below, upon completion of your work with MCMC**

Student/volunteer \_\_\_\_\_ Date \_\_\_\_\_

MCMC supervisor \_\_\_\_\_ Date \_\_\_\_\_