

# Merri Creek Management Committee

## Student Work Placement & Volunteer Details

### Confidential

Please tick 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 Parkland On Ground 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? Eg Assessment*

### Emergency Contacts

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

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

**Telephone (Mobile)** \_\_\_\_\_ **(work)** \_\_\_\_\_

**Relationship** \_\_\_\_\_

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

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

**Telephone (Mobile)** \_\_\_\_\_ **(work)** \_\_\_\_\_

**Relationship** \_\_\_\_\_

What would you like to gain while working at MCMC? eg particular skills, knowledge, contacts	(On completion of volunteering) Has your expectations been met? please tick 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?**

**Checklist-Office**

**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.(\$5/day for each day attended)

Please tick method of payment.

Cheque Cash

Cash

No. of days -----

Total amount paid-----

- Complete supervisors report (1 copy to institution, student, MCMC file)

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

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

Student/volunteer -----Date

MCMC supervisor-----Date