

# Work Experience Expression of Interest

PERSONAL DETAILS					
First Name:		Middle Name(s):		Surname:	

Date of Birth:		Gender:	
----------------	--	---------	--

Home Address:		Suburb:		Postcode:	
Phone (H):		Mobile:		Email:	

EMERGENCY CONTACT DETAILS					
First Name:		Surname:		Relationship:	
Home Address:		Suburb:		Postcode:	
Phone (H):		Phone (W):		Mobile:	

SCHOOL CONTACT DETAILS			
School Name:		School Address:	
School Contact Person:		Phone/Mobile:	

PLACEMENT DETAILS	
Placement Date:	___/___/___ to ___/___/___
Preferred Location of Placement	<input type="checkbox"/> Brunswick <input type="checkbox"/> Preston <input type="checkbox"/> Bell St, Coburg <input type="checkbox"/> Fawkner <input type="checkbox"/> Glenroy <input type="checkbox"/> Wangaratta <input type="checkbox"/> Preston South <input type="checkbox"/> Vic Place <input type="checkbox"/> Merri Central <input type="checkbox"/> Brunswick West
Interested Area(s) of Placement:	<input type="checkbox"/> Allied Health <input type="checkbox"/> Aged Care <input type="checkbox"/> Mental Health <input type="checkbox"/> CarerLinks North <input type="checkbox"/> Podiatry <input type="checkbox"/> Clerical/Administrative <input type="checkbox"/> Children & Family <input type="checkbox"/> Prevention & Complex Care <input type="checkbox"/> Dental <input type="checkbox"/> Community Wellbeing <input type="checkbox"/> Infrastructure <input type="checkbox"/> IT <input type="checkbox"/> Human Resources <input type="checkbox"/> Finance
Please describe in 50 words or less why you would like to complete your work experience with Merri Health and what you wish to gain from your experience here with us:	

# Work Experience Expression of Interest

DECLARATIONS			
<b>Is there any medical information that Merri Health should be aware of that could require treatment? (e.g. Asthma, Epilepsy, Anaphylaxis, Allergies)</b>			
<input type="checkbox"/> YES  <input type="checkbox"/> NO	If yes please provide details:		
<b>Do you require any adjustments to the workplace that may need to be considered prior to commencing work placement at Merri Health?</b>			
<input type="checkbox"/> YES  <input type="checkbox"/> NO	If yes please provide details:		
CONFIDENTIALITY			
<p>The confidentiality and security of client information is an absolute standard which must not be deviated from. All employees, students and volunteers are to ensure that confidential and client related information in any form cannot be accessed by unauthorised persons.</p> <p>Any sensitive material must be securely stored overnight or when unattended. When a client accesses Merri services, personal and medical information is collected and used to satisfy varying data collection requirements and to make decisions about the client care. Merri considers client information highly confidential and adheres to all state and federal legislation governing the collection, storage and disclosure of health information.</p> <p>Employees, students and volunteers must never disclose or release confidential client information in a manner that violates the privacy rights of a client. Client information may only be discussed or released in accordance with the Federal Privacy Act and Victorian Health Records Act, which normally require the express consent of the client. You must not access or use any client information unless directly related to the client/s you are servicing.</p> <p><i>Further information in relation to this section is detailed in Merri's Client Information Privacy and Consent Policy and Procedure.</i></p>			
<b>Name of Student:</b>		<b>Signature of Student:</b>	<b>Date:</b>
<b>Name of Parent or Guardian:</b>		<b>Signature of Parent or Guardian:</b>	<b>Date:</b>

Please return this form via email along with any supporting work placement documents such as your resume or cover letter to [HR@merrhealth.org.au](mailto:HR@merrhealth.org.au)

OFFICE USE ONLY			
<b>Placement Approved:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Date of Placement Period:</b>			
<b>Student Workplace Supervisor</b>			
<b>All Documents Returned</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Orientation Completed By:</b>		<b>Date:</b>	
<b>OHS Induction Completed By:</b>		<b>Date:</b>	