



To be completed by the relevant Division at Curtin University of Technology:

Division: _____

School: _____

Department: _____

Duration of work experience:

_____ (starting date) to _____ (finishing date).

Brief description of work experience:

eg: Person will be shadowing an employee in Information Services.

Work Experience Person's Identification:

Gender: Male Female

Title: Mr Mrs Miss Ms Dr

Last Name: _____

First Name: _____

Declaration to be completed by the person not enrolled at Curtin University of Technology, who is participating in work experience activities on University premises:

I, _____ (please print your full name) hereby acknowledge and understand that I participate in work experience at Curtin University of Technology at my own risk and that Curtin does not provide personal accident insurance for individuals not enrolled in any of its academic courses. Curtin takes every precaution necessary to protect the safety and well-being of persons participating in work experience activities.

Work Experience person's signature: _____ Date: _____

Please forward the completed form to the relevant Officer of the University for their signature.

Officer of the University signature: _____ Date: _____
(Unit Coordinator/Divisional Administrator)