

Graduate Diploma of Legal Practice Work Experience Component

Application for approval of placement

Western Australian Students only



**This application form is for prospective and retrospective work experience placements.
Please fill in all sections of this application using CAPITAL letters and in blue or black ink.**

Mr Ms Mrs Miss Dr

First Name: _____ Middle Name: _____ Surname: _____

Date of Birth: ____/____/____ Gender: Male Female Preferred First Name (if different) : _____
(DD/MM/YYYY)

The College of Law Student ID (if known): _____

Correspondence Address: _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Permanent Address (if different): _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Home Telephone Number: _____ Mobile: _____

Work Telephone Number: _____ Facsimile: _____

Preferred E-mail: _____

Course Enrolment Details

Have you enrolled or completed the Coursework Component of the PLT Program?

Yes Course code. _____

No If no, in which stream do you intend enrolling? NSW QLD VIC WA

Work Placement Details

Organisation/Firm: _____

Address: _____

Postcode: _____ DX: _____

Telephone: () _____ Facsimile: () _____

Work placement dates:

From ____/____/____ To ____/____/____
(DD/MM/YYYY) (DD/MM/YYYY)

Full-time Part-time Number of days in the workplace each week _____

If undertaking variable days per week or multiple periods of placement, please attach an annexure detailing dates signed by you and your supervisor.

(Signature of Applicant)

*Ensure that you are familiar with the Work Experience Rules:
visit www.collaw.edu.au*

Dated as at 9/09/09

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For College Use only
Approved Date _____
Student No. _____
Commencement Date _____

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Supervisor's Undertaking in Relation to Work Experience

To be completed by your supervisor or intended supervisor

Title _____ Surname _____

First Name _____ Middle Name _____

I am a*:

- lawyer who holds a current Western Australian practising certificate;
- Judge in Western Australia; or
- lawyer who is a member of the State Administrative Tribunal; or
- lawyer who has practised as a lawyer for more than two years and is employed by the State or Federal government.

*(*strike out the option that does not apply)*

Please state the number of years you have held your practising certificate _____

If applicable, please provide details of any restriction or limitation upon your certificate. _____

My practising certificate was issued in *(Name of State/Territory/Country)* _____

If you hold a practising certificate issued outside Australia, please provide copies of:

- (i) your licence/practising certificate
- (ii) your academic qualification in law.

Please describe your current position _____

I, _____ undertake to provide/have provided
(Supervisor's full name in capital letters)

_____ with a period of work experience that
(Name of Applicant)

complies with the Work Experience Rules. I undertake to advise the Work Experience Committee if I become unable to comply with this undertaking. (delete if retrospective)

I certify that I have not been the subject of an adverse finding by any relevant court, licensing authority or disciplinary body under the law governing the legal profession in any relevant jurisdiction; or if having been the subject of an adverse finding, I have made full disclosure to the Work Experience Committee (if applicable, details can be attached).

I advise the Work Experience Committee that I will not be supervising more than three other graduates-at-law in work experience placements concurrently or that I have sought approval to supervise more than three (if applicable, details can be attached).

Signature _____ Date _____

Please return this form to:
Student Services
The College of Law
PO Box 2, St Leonards NSW 1590
DX 3316 St Leonards

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