



Learning in the Workplace Proposal

Educate. Learn. Empower. Lead

Any questions? Please contact ICAN Learn, Cairns
Phone: 07 40311 073
Email: placement@icanlearn.edu.au

Learning in the Workplace Proposal

- To be submitted to the placement co-ordinator teacher for approval.
- All placements must be approved by the ICAN Learn Executive Officer **PRIOR** to placement. A single copy version of this document will be available to students for completion.

LEARNING IN THE WORKPLACE PROPOSAL Diploma of Financial Counselling (CHC51115)	
STUDENT NUMBER _____	
NAME:	_____
ADDRESS:	_____ _____
HOME TELEPHONE:	_____
WORK TELEPHONE:	_____
MOBILE:	_____
EMAIL:	_____
<u>PLACEMENT PROPOSED ORGANISATION DETAILS</u>	
NAME:	_____
ADDRESS:	_____ _____
TELEPHONE:	_____
EMAIL:	_____
NAME OF POTENTIAL WORKPLACE MENTOR:	_____ _____
POSITION OR TITLE:	_____ _____



Learning in the Workplace Proposal

Educate. Learn. Empower. Lead

Any questions? Please contact ICAN Learn, Cairns

Phone: 07 40311 073

Email: placement@icanlearn.edu.au

Learning in the Workplace Proposal

FORMAL QUALIFICATIONS and/or EXPERIENCE OF WORKPLACE MENTOR:

DESCRIPTION OF ORGANISATION (focus of service delivery)

What do you propose to focus on whilst on placement



Learning in the Workplace Proposal

Educate. Learn. Empower. Lead

Any questions? Please contact ICAN Learn, Cairns

Phone: 07 40311 073

Email: placement@icanlearn.edu.au

Learning in the Workplace Proposal

Proposed start date:
Proposed finish date:
Placement days of the week:
Hours of work

PREVIOUS PLACEMENT
Details of previous placement: [write n/a if not applicable]
.....
.....
Name of agency:
.....

If you wish to undertake a placement this form must be completed and returned to the appropriate placement coordinator prior to the placement arrangement being formalised.

Approved by Placement Coordinator:	Yes	No	(please circle)
Signature of Placement Coordinator:			
Name of Placement Coordinator:			
Date:			
Action Required:			
.....			