

School of Education

PLACEMENT PROPOSAL

EDU5005 School and Community Learning

Master of Education (Inclusion and Diversity)

To be submitted to the Subject Coordinator and approved AT LEAST 2 WEEKS prior to the proposed date of commencement of the placement.

Student details					
Student ID	Student name				
DET scholarship holder? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Address	Postcode:				
Phone	<table border="0"> <tr> <td>Work ()</td> <td>Home ()</td> </tr> <tr> <td>Mobile phone</td> <td>Email</td> </tr> </table>	Work ()	Home ()	Mobile phone	Email
Work ()	Home ()				
Mobile phone	Email				
Copy of VIT registration <input type="checkbox"/> or WWCC <input type="checkbox"/> attached					
Details of Setting					
Name of Setting	Postcode				
Address	Postcode				
Principal's name	<table border="0"> <tr> <td>Phone</td> </tr> <tr> <td>Email</td> </tr> </table>	Phone	Email		
Phone					
Email					
Business Manager's name	<table border="0"> <tr> <td>Phone</td> </tr> <tr> <td>Email</td> </tr> </table>	Phone	Email		
Phone					
Email					
Supervising Teacher's name	<table border="0"> <tr> <td>Position</td> </tr> <tr> <td>Email</td> </tr> </table>	Position	Email		
Position					
Email					
Proposed dates of placement (min. 15 days)	<table border="0"> <tr> <td>From:</td> <td>To:</td> </tr> <tr> <td>Days:</td> <td>Time:</td> </tr> </table>	From:	To:	Days:	Time:
From:	To:				
Days:	Time:				
Will your school be applying for CRT replacement for your placement through the DET scholarship program?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				

DESCRIPTION OF SETTING

YOUR ROLE DURING PLACEMENT

YOUR PERSONAL GOALS FOR PLACEMENT

ADDITIONAL INFORMATION TO SUPPORT PROPOSAL

Have you obtained permission to complete this placement from:

Principal: Yes No Parent/Guardian: Yes No Manager: Yes No

Individual: Yes No Other: Yes No

I agree that _____ can complete the above placement at _____ **NB – this is not a paid placement experience as the student is in Post Graduate Studies and is not a preservice teacher.**

Signature: Principal/Manager Date:

Signature: Supervising Teacher Date:

Signature: Student Date:

Office Use Only

Date of receipt:	Approved/further information required	Date of return:
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Enrolled <input type="checkbox"/>	WWCC <input type="checkbox"/>	VIT reg'n <input type="checkbox"/>
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Please note

Work-Based Learning (WBL) Agreement Requirement

La Trobe University Placement, Partnering & Operations Team will send your proposed placement host a Work-Based Learning (WBL) Agreement and Schedule for your placement.

Your placement cannot commence until your placement host has signed both documents.

Please note:

- Students **cannot begin placement** until the **signed WBL Agreement and Schedule** have been received.
- Any hours or days undertaken **before** the agreement is fully signed will be considered **volunteering only** and **will not count** toward required placement hours.
- Delays in your placement host signing the agreement may result in a **delay to your placement start date**.