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|  | Professional Experience Acceptance Form |

**Please scan and email a copy to the WIL Team**

[education.placements@rmit.edu.au](file:///C:\Users\e02450\Downloads\education.placements@rmit.edu.au)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| RMIT Student to complete this section | | | | | |
| Program Title: | | | | | |
| Course Code: | | Course Name: | | | |
| Placement Dates: / / *to* / / | | | | No of days: | |
| RMIT Student to complete this section | |  | | | |
| Name: | |  | | | |
| Preferred name: | |  | | | |
| Telephone Number: | | Student ID#: | | | |
| *I am aware and accept the requirements outlined in this Professional Experience Program. I have read the* *relevant Professional Experience Program Handbook in relation to Professional Code of Conduct, Policies, and* *Assessment*.  RMIT Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_/\_\_\_\_/\_\_\_\_ | | | | | |
| Educational setting to complete this section. | | | | | |
| Setting name: | | | | | |
| ABN: | | | | | |
| Address: | | | | | Postcode: |
| Telephone #: | Email: | | |  | |
| Name of Centre Director/Coordinator/Manager: | | | | | |
| Mentor to complete this section: | | | | | |
| *Details of Mentor directly responsible for mentoring and supervising the Pre-Service teacher.* | | | | | |
| Mentor Name: | | | | | |
| Contact Number/ Email Address: | | | | | |
| **Declaration:** | | | | | |
| I confirm that \_\_\_\_\_**[Education Setting Name]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agrees to offer a placement for this RMIT Student for a Professional Experience Placement between the dates of:  \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ to \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_  I confirm that \_\_\_\_\_**[Education Setting Name]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_adheres to Government advice and protocols regarding COVID-19 | | | | | |
| Signature: | | | Date: | | |