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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%3A%5CUsers%5Ce02450%5CDownloads%5Ceducation.placements%40rmit.edu.au)

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| --- |
| 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: |