



# WE ARE PORT ADELAIDE

## WORK EXPERIENCE APPLICATION FORM

At PAFC we value our work experience students and aim to make your experience as interesting and educational as possible. This means we have to limit the number of students; we take 6 students only across the year. To give you our best we need to take on the best. If you are passionate about doing your work experience placement with PAFC and are dedicated to a week of hard but rewarding work then we would like to receive your application.

*\*Please note the club schedules the dates to fit in with our club requirements for the year.*

To be considered you will need to complete this form and email to [workexperience@pafc.com.au](mailto:workexperience@pafc.com.au)

### Personal details:

Name	<input type="text"/>
Address	<input type="text"/>
Email	<input type="text"/>
Mobile	<input type="text"/>
Parent/Guardian name	<input type="text"/>
Parent/Guardian mobile	<input type="text"/>
Are you a PAFC Member?	<input type="text"/>
Date of Birth (optional):	<input type="text"/>
Current year level of study:	<input type="text"/>
Proposed work experience dates:	<input type="text"/>



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## School details:

Name

Address

Contact person

Position

Phone

Email

## Reference:

Please provide a short reference (300 words or less) from a current teacher, recommending you for work experience at PAFC.

Provided by: .....

Role/position:.....

**PRIVACY:** All information you provide will be used by the Port Adelaide Football Club and the AFL in accordance with the AFL & AFL Clubs' Privacy Policy available at [portadelaidefc.com.au/club/privacy-policy](http://portadelaidefc.com.au/club/privacy-policy). By providing your personal information, you agree to such use by the Port Adelaide Football Club and the AFL.



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## About you

Have you been involved in a PAFC community school program? YES/NO

If yes, when did PAFC visit your school?

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What subjects are you currently studying?

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What does Port Adelaide Football Club mean to you?

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.....

Why do you wish to gain work experience with the Port Adelaide Football Club?

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What do you personally hope to achieve by being a part of the Port Adelaide Football Club Work Experience program?

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<b>Declaration</b>	
<i>Please tick each checkbox to acknowledge your acceptance of each point (below)</i>	
I agree to maintain the highest standards of confidentiality with respect to any information obtained during the course of my Work Experience placement.	<input type="checkbox"/>
I declare that the information contained on this application is true and correct.	<input type="checkbox"/>
I understand that I will need to present a completed Workplace Learning Agreement Form signed by both my School, Parents/Guardians and the Port Adelaide Football Club.	<input type="checkbox"/>
Signature:	Date: