

Deakin Business School

Melbourne, Victoria, 3125
 Telephone (61 3) 9244 5043
 Facsimile (61 3) 9244 5040
 Email Postgrad-enquiries@deakin.edu.au

**Postgraduate
 Internship
 Program**



Trimester selection	Trimester 1	
<i>Please tick as appropriate</i>	Trimester 2	

Year	201
-------------	------------

STUDENT APPLICATION FORM

• **Student Personal Details**

Title (<i>Mr., Mrs., Ms.</i>)	Given Name(s)	Family Name

Deakin University Student Number	Course Name	Course Code (eg M701)	Mode (On – N) (Off Campus– X)

Date of Birth					Gender	Male		Female	
	<i>Day</i>	<i>Month</i>	<i>Year</i>						<i>Please tick as appropriate</i>

Full Postal Address		Telephone: Daytime	()
		Telephone: Mobile	
		Deakin email address*	
State	Post Code		

* Only your Deakin email address will be used. Students have the option of forwarding Deakin email to other accounts.

• **Study Plan** (please indicate how you plan to complete the rest of units in your course)

Intended specialisation:	
---------------------------------	--

	Unit code	Unit code	Unit code	Unit code
Trimester 1, 201_				
Trimester 2, 201_				
Trimester 1, 201_				
Trimester 2, 201_				

• **Previous Work Experience**

Please give brief details of work experience relevant to this application (you should also attach a resumé):

Organisation	Duration of Placement	Year	Type of work performed

• **Proposed Internship**

Please provide: a) a brief explanation of your reasons for wanting to do an Internship;
 b) brief details of the proposed internship activities:

a)
b)

• **Student Declaration**

I declare that the information given in this application is correct and complete. I authorise Deakin University to obtain from other educational institutions, or relevant authorities, details of my enrolment, academic record, examination results and bond status. I also authorise Deakin University to complete an enrolment variation on my behalf when this cannot be done via *StudentConnect*.

Signed Date / / 201...

Proposed Business Host (Internship Provider) details

To be completed by the business host

Student Name:	
---------------	--

Business Host – Name:	
-----------------------	--

Brief description of primary activities:	
--	--

Primary Contact in Organisation (Name):	
---	--

Primary Contact in Organisation (Position)	
--	--

Full Postal Address	Telephone: Daytime	()	
	Telephone: Mobile		
	E-mail Address		
State	Post Code	Facsimile	

Supervisor in Organisation (Name) (if different to primary contact):	
---	--

Supervisor in Organisation (Position)	
---------------------------------------	--

Full Postal Address	Telephone: Daytime	()	
	Telephone: Mobile		
	E-mail Address		
State	Post Code	Facsimile	

Deakin Business School

Melbourne, Victoria, 3125
Telephone (61 3) 9244 5043
Facsimile (61 3) 9244 5040
Email: Postgrad-enquires@deakin.edu.au

**Postgraduate
Internship
Program**



STUDENT INDEMNITY FORM

I (.....)
(Student Name) *(Student Number)*

of agree as follows:
(Student Address)

I am a student of Deakin University enrolled in the
(Name of course)

1. I am undertaking an Internship at
(Name of Host Organisation)

2. I am not an employee of the business host named above.

My presence in this organisation is only for the purpose of practical education

3. I therefore understand that I am not entitled to Workcover.

4. I will not hold this host organisation responsible for any claim under Workcover, which I may otherwise have for personal injuries for the duration of my placement.

5. I understand, that having paid the General Service Fee of the University and being a member of a student association, I am covered under a Personal Accident Insurance policy carried by Deakin University Student Association for any injuries I may sustain whilst on a Internship placement.

SIGNED by

..... DATE ____ / ____ / 201__
(Student signature)

.....
(Print Student Number)

In the presence of

..... DATE ____ / ____ / 201__
(Witness signature)

..... (Student signature may be witnessed by any person over 18 years of age but preferably a representative of your business host)
(Witness name)

Deakin Business School

Melbourne, Victoria, 3125
 Telephone (61 3) 9244 5043
 Facsimile (61 3) 9244 5040
 Email: postgrad-enquires@deakin.edu.au

**Postgraduate
 Internship
 Program**



Business Host Health and Safety Statement

• Instructions

The following Health and Safety Statement is required from the Postgraduate Internship participating business host as part of the Deakin's students insurance for placement in workplaces to conduct the assigned tasks.

Please refer to the Deakin's Postgraduate Internship website for information on the University, business host and the student's obligations in the program: www.deakin.edu.au/buslaw/dbs/course/internship/

• Student Personal Details

Date:	
-------	--

Title (<i>Mr., Mrs., Ms.</i>)	Given Name(s)	Family Name

Deakin University Student Number:	Course Name:	Course Code:	Home Campus: (B, G, or W)	Mode: On campus (N) Off Campus (X)

Date of Birth					Gender	Male		Female	
	<i>Day</i>	<i>Month</i>	<i>Year</i>						<i>Please tick as appropriate</i>

Full Postal Address		Telephone: Daytime	
		Telephone: Evening	
		Telephone: Mobile	
		Deakin email address*	
State	Post Code		

* Only your Deakin email address will be used. Students have the option of forwarding Deakin email to other accounts.

•Business Host details

To be completed by the business host

Student Name:	
---------------	--

Business Host – Name:	
-----------------------	--

Brief description of primary activities:	
--	--

Primary Contact in Organisation (Name):			
Primary Contact in Organisation (Position)			
Full Postal Address	Telephone: Daytime	()
	Telephone: Mobile		
	E-mail Address		
State	Post Code	Facsimile	

Supervisor in Organisation (Name) (if different to primary contact):			
Supervisor in Organisation (Position)			
Full Postal Address	Telephone: Daytime	()
	Telephone: Mobile		
	E-mail Address		
State	Post Code	Facsimile	

• Health and Safety Questionnaire

To be completed by the business host

	Yes	No
1. Do you have a written policy on health, safety and welfare at work?		
2. Do you have a policy regarding health and safety training for people working in your undertaking, including use of vehicles, plant and equipment, and will you provide all necessary health and safety training for the placement student?		
3. Is the organisation registered with: (a) Local Government Authority Environmental Health Department (if required) (b) Other appropriate authority (Interstate or international hosts only)		
4. Does the organisation have a WorkSafe Injury Insurance Policy (or interstate/international equivalent)?		
4. Is Employer and Public Liability Insurance held?		
5. Risk assessment (a) Have you carried out risk assessment of your work practices to identify possible risks, whether to your own employees or to others within your undertaking? (b) Are risk assessments kept under regular review? (c) Are the results of risk assessments (eg. controls, training etc. implemented?)		
6. Accidents and incidents (a) Is there a formal procedure for reporting, investigating and recording accidents and incidents in accordance with Victorian WorkCover Authority's regulatory requirements? (b) Have you procedures to be followed in the event of serious and imminent danger to people at work in your undertaking? (c) Will you report to the University all recorded accidents involving placement students (d) Will you report to the University any sickness involving placement students?		

Contact personnel: Who is your nominated contact for compliance with the requirements of occupational health and safety legislation?

Name:

Position:

• Declaration by the host organisation

I declare on behalf of the above organisation that we agree to provide to the student set out in this Application Form:

- the opportunity to complete their Postgraduate Internship with the policy and guidelines attached to this application.
- suitable induction, training and supervision appropriate to the activities to be carried out by the student.
- appropriate occupational health and safety supervision, information, instruction and training to ensure safe work practices.

Signed **Date** / / 201...

Name: **Position:**

(To be signed by Public Officer or other authorised person in the host organisation)