

# Professional Experience Guidance and Counselling Placement Application (Form G)



This form is to be submitted by students who are required to attend a Guidance and counselling placement as part of their EDU8336 course. It is the student's responsibility to return this form to the USQ Professional Experience Office for placement approval. Please note: any contacts or leads that you have provided will be considered in collaboration with the associated Education System responsible officers.

## Student details

Student name

QCT Registration Number

Student number

Student phone

Postal Address

Suburb

State

Postcode

## Placement details

When a variation to the scheduled dates is listed below, it will be automatically approved providing that the proposed start date allows time for formal approval prior to commencement and that the placement is completed by the end of week 12 of the semester.

Course code

Length: 50 hrs

Starting date

Finishing date

## Contact information - to be completed by USQ Student

Site name

Contact name

Contact position

Contact email

Phone

Site postal address

Suburb

State

Postcode

Are you an employee of the organisation?

☐ Yes☐ No

## Working with children

☐ I have a current Blue Card that does not expire during the placement and which is registered with USQ.

Blue  
Card  
number  
OR

Blue Card expiry date

☐ I have attached evidence of compliance with the legal requirements for a setting outside Queensland

## Professional conduct and site expectations

☐ I agree to demonstrate professionalism in all aspects of this placement and will accept the site's expectations for code of conduct, ethos, cultural awareness, teaching philosophy, and workplace health and safety. I shall discuss these matters with the site and, where applicable, complete required documentation to the satisfaction of the site.

**By submission of this form you are confirming the details provided and agree to the Professional Conduct Requirements.**

Student's signature

Date

## Placement Approval

**By signing this form you are confirming the placement details above are correct and approved**

Senior Guidance Officer

Region

Contact Email

Phone

Senior Guidance Officer's signature

Date

## Form submission

**Students submit to:** BELA.placements@usq.edu.au

**Schools/Sites submit to:** professional.experience@usq.edu.au

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