

**FAMILY ACCESS NETWORK  
STUDENT PLACEMENT APPLICATION FORM**

Full Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation & Employer (if applicable):

\_\_\_\_\_

\_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Education Institution:

\_\_\_\_\_

Course Studying:

\_\_\_\_\_

Current Year of Study: \_\_\_\_\_ Duration: \_\_\_\_\_

Days Available:

\_\_\_\_\_

Placement Hours Needed: \_\_\_\_\_ Report/ Evaluation Needed:

YES/NO

Proposed Commencement and Completion Dates:

\_\_\_\_\_

Student Placement Officer Name:

\_\_\_\_\_

Student Placement Officer Phone Number:

\_\_\_\_\_

Do you consent to Family Access Network completing a National Police Records check  
YES/NO

Do you believe that you can commit to the requirements of Family Access Network in  
relation to your placement? YES/ NO

What do you hope to achieve by being on Student Placement at Family Access  
Network?

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**Applicant Release Form:**

Authorisation for release of confidential information for Family Access Network  
application:

I acknowledge that it will be necessary for Family Access Network to investigate my  
background and check my character references. I consent to this and I hereby authorise  
any agencies, individuals or other entities such as past or present employers, education  
institutions, law enforcement agencies, social services and other such entities with which  
I have had contact, to release any information requested by Family Access Network in  
relation to me to Family Access Network.

**Signature of applicant:**

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**Date:**

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