STUDENT PLACEMENT

EXPRESSION OF INTEREST FORM



Please ensure all sections are completed.

Send completed expression of interest forms to **Get Psych'd** via: **Email**: hello@getpsychd.com.au

PERSONAL DETA	AILS			
Full Name:				
Address:				
Suburb:		State:		Postcode:
Phone:				
Email:				
Preferred contact method/s	: Mobile Pho	ne	Email	
Language spoken at home:				
Preferred language:				
EDUCATION DET	AILS			
Education provider:				
Course name:				
Current year of study:				
Education provider contact	person:			
Contact person phone:				
Contact person email:				
PLACEMENT DEI	TAILS			
Required hours:				
Timeframe for Placement (if known):				
Learning areas of interest / objectives (including what needs to be covered on placement):				
Please include a copy of your current resume and any other relevant documents (optional)				
How did you hear about us?				
Get Psych'd Website	Internet Word	d of Mouth		Phone: (03) 4416 :

Other (please specify)