





## APPLICANT APPROVAL

<b>Supervisor's name</b>	
<b>Supervisor's signature</b>	
<b>Date</b>	
<b>Manager's name</b>	
<b>Manager's signature</b>	
<b>Date</b>	

## PROFESSIONAL PLACEMENT HOST

<b>Host Local Government Library Service</b>	
<b>Contact name</b>	
<b>Contact number</b>	
<b>Email</b>	
<b>Position Title</b>	
<b>Location</b>	

## PROFESSIONAL PLACEMENT DETAILS

<b>Confirmed location</b>		<b>Confirmed Dates</b>	
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**Describe the scope and duration of the work that the employee will engage in during the professional placement?**

**RISK CONSIDERATIONS**

<b>Induction/s required</b>		<b>Site</b>	
<b>Nominated date</b>		<b>Blue Card</b>	Yes No

**PLACEMENT APPROVAL**

<b>Supervisor's name</b>	
<b>Supervisor's position</b>	
<b>Supervisor's signature</b>	
<b>Date</b>	
<b>Manager's name</b>	
<b>Manager's signature</b>	
<b>Date</b>	

Please submit the completed form 4 weeks prior to commencement to the Development and Opportunity Working Group via [secretary@qpla.asn.au](mailto:secretary@qpla.asn.au)

