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|  | **WORK PLACEMENT SERVICE PROVIDER PROGRAM**  **ADVICE: VET STAFF** |

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| --- | --- |
| School Name: |  |
| Contact Name: |  |
| Contact Email Address: |  |
|  |  |
| 🞏 No changes in VET staff  🞏 New VET staff at the school, or changes in VET delivery:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name: |  | Email: |  | VET Course and Year: | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | |

Please return to WSC

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