EDU377&3778, EDU379&381, EDU383&384 and EDU291&292  
PRIMARY PLACEMENT FORM – 2012  

Please read these notes carefully before completing the form.  

The attached form is the means by which you are placed in a school. It must be received by the School of Education Professional Experience Office by Monday, 20th February to enable placements to be finalised. Please read the information on this page prior to completing the forms.  

All students, internal and external, are required to submit a Primary Placement Form. PLEASE NOTE: External students who wish to undertake this placement outside the Perth/Mandurah areas should also complete the Agreement Form for Primary schools.  

Every effort is made to place you conveniently, however it is only possible to allocate students to schools that have offered suitable places. If you do not have your own transport, it is your responsibility to seek suitable public transport or share a lift with another student.  

Information regarding your placement will be made available on Sonia the Murdoch University Professional Experience placement system. Please be advised that you will not be able to access the placement details on Sonia unless you have submitted a copy of your National Criminal History Record Check and a copy of your Working with Children Card or Post Office receipt and the School of Education Student Placement Agreement Form (formerly the Workplace Learning Student Acknowledgement Form). Please forward copies of these documents to the Education Professional Experience Office ASAP.  

- To access Sonia open your web browser and enter the url: https://myplacement.murdoch.edu.au/SoniaOnline  
- Personal details. When completing this section be aware that this is the information used to contact you during the process of allocating places. The placement notices are emailed to students at the email address given in ‘MyInfo’. Please ensure that you check this email regularly and that your inbox is not full.  
- Student Placement Agreement Form (formerly the Workplace Learning Student Acknowledgement Form). Students should read the School of Education Student Placement Agreement, complete and sign the form where indicated and submit to the Education Professional Experience Office along with their Placement Form. Access the Student Placement Agreement form at: http://muse.murdoch.edu.au/students/essforms_annex.html  
- Alternative address. To be completed only if you will be staying at an alternative address during the period of the professional experience.  
- Personal or professional relationships. It is the policy of the School of Education that students are not placed in schools where they have personal or professional relationships. Please list any schools where you would be ineligible to be placed under this ruling.  
- Disability/Medical or Equity needs. Tick the box if you have any needs that will require special consideration or support during Professional Experience. You will need to contact the Unit Coordinator regarding this matter. You may also need to register with the Equity Office on campus.  
- Withdrawal from the unit. If you withdraw from the unit once this form has been submitted, it is your responsibility to contact the Education Professional Experience Office, advise the Placement Officer, the School, and the University Supervisor.  
- Return the form to: School of Education Professional Experience Office  
Murdoch University  
90 South Street  
MURDOCH WA 6150  

Please note: placement forms received after 20th February 2012 will be treated as LATE and places may be more difficult to find in locations convenient for students. Please return your form as soon as possible.
## PRIMARY PLACEMENT FORM 2012

To be completed and submitted to the Education Professional Experience Office by MONDAY, 20\(^{th}\) FEBRUARY 2012

Indicate enrolment in:  
- [ ] EDU377/378  
- [ ] EDU379/381  
- [ ] EDU383/384  
- [ ] EDU291/292

### Indicate enrolment in:  
- [ ] EDU377/378  
- [ ] EDU379/381  
- [ ] EDU383/384  
- [ ] EDU291/292

<table>
<thead>
<tr>
<th>Surname</th>
<th>Title</th>
<th>First Name/s</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student ID Number</th>
<th>Email</th>
<th>Suburb</th>
<th>Post Code</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Mobile Phone</th>
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</table>

### Please indicate the Course you are completing
- [ ] Graduate Diploma of Education – Primary or ECE or Inclusive Ed (please circle)
- [ ] Bachelor of Education – Primary or ECE or Inclusive Ed (please circle)
- [ ] Other: Specify-

### Mode of Course study:
- [ ] Internal  
- [ ] External

### Please enter previously completed professional experience information:

<table>
<thead>
<tr>
<th>School</th>
<th>Class/Year Level (eg Yr.3)</th>
<th>Unit Code and Year Completed</th>
</tr>
</thead>
</table>

1. I will submit / have submitted copies of my WA Department of Education National Criminal History Record Check, WA Working with Children Check card or Post Office receipt and my signed School of Education Student Placement Agreement Form by at least one month prior to the start of the Unit. **Professional Experience placements will not be permitted if these mandatory checks are not submitted by this time.**

2. **Alternative address** during your Professional Experience if applicable:

________________________________________________________________________

3. List any **schools in which you would be ineligible** to undertake Professional Experience due to personal or professional relationships:

4. Students who have **disability/medical or equity needs** that will require special consideration or support must notify the Unit Coordinator. If deemed appropriate, the School of Education Professional Experience Office will be advised and will place students accordingly.

   **Required:**  
   **Not required:**

5. **Withdrawal from the unit:** I agree to notify the School of Education Professional Experience Office if I withdraw from this unit after submitting a Placement Form.

In signing this form I give the Professional Experience Office permission to give the above contact details to my University Supervisor. I have completed this form to the best of my knowledge. I declare that the information given is complete and correct.

**Signed:** __________________________  **Date:** _________________________

Office use only: