



An Australian Government Initiative



EMPLOYER EVALUATION OF WORK PLACEMENT ARRANGEMENTS

TO: *youthconnections.com.au*
ATTN: **WORK PLACEMENT TEAM**
FAX NO: **4322 8622**
OR
MAIL TO: **PO BOX 1379, Gosford NSW 2250**

At *youthconnections.com.au* we continually review our procedures and processes to ensure we offer an excellent service to our employers and students. It would be greatly appreciated if you could take a few moments to complete this form and fax or mail it back to the number above.

Name of your organisation: _____

Contact person's name: _____

Name of student hosted: _____

Date of Work Placement: _____ to _____

Were you satisfied with the preparation of the student for work placement? Yes No

Were you satisfied with the support of the school/TAFE teacher during work placement? Yes No

Was the information given to you concerning the student's course requirements and the types of tasks they could undertake adequate? Yes No

Was the date for the work placement suitable to you? Yes No

Would you be happy to host another student? Yes No

If yes, suggested date/s _____

Can you suggest any way we can improve our service?

