



**Discover SAPOL Work Experience Program**  
**Application Form**

(Year 10 - 12 students only)

**Student Name:** .....

**Sex:** Male / Female / Other      **Date of Birth:** .....

**Home Address:** .....

**Phone Number:** .....

**Email Address:** .....

**Course Date Preferences: 1.).....2.).....**

**Name of School:** .....

**Work Experience Coordinator:** .....

**Contact Number & Email:** .....

**I give my consent to a criminal record check being conducted for the purpose of attending the Discover SAPOL Program.**

**Signed:** .....

**Parent's Name:** .....

**Parent's Signature:** .....      **Date:** .....

*Please note that all documentation containing personal information will be destroyed at the conclusion of the work experience program.*

**Christie Matthews**  
**Inspector**  
**Talent Acquisition**  
**PHQ 100 Angas Street**  
**ADELAIDE SA 5000**  
**73223353**



Please document your reason for applying below: