

## CONFIRMATION OF PARTICIPATION

I confirm that my organisation would like to participate in the **Professional Placement Program for Course 1, 2016** on the following dates (please tick relevant box, and specify number of trainees):

- 14 June – 4 July 2016** → Number of trainees: \_\_\_\_\_
- Other Period** \_\_\_\_\_ → Number of trainees: \_\_\_\_\_

Address at which Trainee(s) should attend (also used for correspondence):

<input type="checkbox"/> Commercial Address		<input type="checkbox"/> Home Office	
Firm/Organisation: _____			
Contact Person (Name & Job Title): _____			
Phone: _____		E-mail: _____	
Street Address: _____			
		DX: _____	
Website: _____			
Supervising Lawyer/s (Name & Job Title): _____			
_____			
Signature: _____		Date: _____	

The main areas of practice in which the Trainee(s) will be involved are:

Please **number** boxes to indicate which areas comprise the most work for your firm (ie, rank them in order).

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Family            | <input type="checkbox"/> Property     | <input type="checkbox"/> Wills & Estates       | <input type="checkbox"/> Corporate/Commercial  |
| <input type="checkbox"/> Criminal          | <input type="checkbox"/> Conveyancing | <input type="checkbox"/> Tax/Revenue           | <input type="checkbox"/> Commercial Litigation |
| <input type="checkbox"/> Personal Injury   | <input type="checkbox"/> Insurance    | <input type="checkbox"/> Employment & IR       | <input type="checkbox"/> Competition/Consumer  |
| <input type="checkbox"/> General Practice  | <input type="checkbox"/> Migration    | <input type="checkbox"/> Building/Construction | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Banking & Finance | <input type="checkbox"/> Costing      | <input type="checkbox"/> OTHER: _____          |  |

Other requirements/ considerations/ special requests:

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Please return this form to **Elaine Mostajo**, Student Services Administrator:

Post: GPO Box 853, MELBOURNE 3001 ● DX: 460 MELBOURNE

Fax: 03 9600 4748 ● Email: [emostajo@leocussen.vic.edu.au](mailto:emostajo@leocussen.vic.edu.au)

**Please return this form by Friday 8 April 2016**