

Student Professional Experience Agreement Form

Bachelor of Early Childhood Education and Care

PERSONAL INFORMATION

Student Name	
Student Contact Number	
Student Email	
Educational Provider	
Course / Program	
Placement Coordinator	
Coordinator Email	

PLACEMENT DETAILS

Proposed Placement Dates	
Total Hours Required	

Higher Education Provider Details

Name	National Academy of Professional Studies
Sydney Campus	Level 4, 136 Chalmers Street, Surry Hills, NSW 2010
Parramatta Campus	Suite 707, Level 7, 159-175 Church Street, Westfield Shopping Centre, Parramatta NSW 2150
	55 High Street, Parramatta NSW 2150
Melbourne campus	Level 6 & 7, 20 Queen St, Melbourne VIC 3000

Representative Name	
Position	
Signature	
Date	

HOST SERVICE DETAILS

Service Name	
Service Address	
Contact Number	
Email	

SERVICE AGREEMENT

By signing this form, the service agrees to host the above named student for the agreed placement dates.

Host Service Representative Name	
Position	
Signature	
Date	