

# Student Professional Experience Agreement Form

## Bachelor of Early Childhood Education and Care

### PERSONAL INFORMATION

Student Name	
Student Contact Number	
Student Email	
Educational Provider	National Academy of Professional Studies
Course / Program	Bachelor of Early Childhood Education and Care
Placement Coordinator	Lizsan Tapiceria
Coordinator Email	lizsan.tapiceria@naps.edu.au

### PLACEMENT DETAILS

Proposed Placement Dates	
Total Days Required	

### Higher Education Provider Details

Name	National Academy of Professional Studies
Sydney Campus	Level 4, 136 Chalmers St, Surry Hills, NSW 2010
Parramatta Campus	Suite 707, Level 7, 159-175 Church St, Westfield Shopping Centre, Parramatta NSW 2150 55 High St, Parramatta NSW 2150
Melbourne campus	Level 6 & 7, 20 Queen St, Melbourne VIC 3000
Representative Name	Rosemary Amm
Position	Head of School - Early Childhood Education
Signature	<i>Rosemary Amm</i>
Date	2026

### 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	