

## COMMUNITY PLACEMENT APPLICATION FORM – 2017

Please read the details outlined on the Law Community Placement webpage before completing this form. <http://www.law.auckland.ac.nz/en/for/current-students/current-undergraduate-students/cs-course-planning/cs-community-placement.html>

Personal Details	
First Name(s):	
Last Name:	
ID Number:	
Address:	
Email:	
Phone:	
<i>If your details change please notify Tessa Sillifant on <a href="mailto:t.sillifant@auckland.ac.nz">t.sillifant@auckland.ac.nz</a></i>	

Are you enrolled in **Legal Practice - LAW 499** YES  NO

Please note the graduation dates and deadlines for completing the Community Placement and select one of the following:		
May 2017	You must complete CP by 1 <sup>st</sup> February 2017	
September 2017	You must complete CP by 1 <sup>st</sup> June 2017	
May 2018	You must complete CP by 1 <sup>st</sup> February 2018	

I intend to undertake Community Placement during: (please √ one)		
Mid- Semester Break - Semester I	Friday 14 April - Saturday 29 April 2017	
Inter-Semester Break	Tuesday 4 July - Saturday 22 July 2017	
Mid-semester break Semester 2	Monday 4 Sep - Saturday 16 Sep 2017	
Summer Vacation 2017/18	Monday 20 November 2017 – 20 Jan 18	
Other – Please state		

Placement Preferences	
1.	
2.	
3.	

**Please note:**

1. If you are enrolling for the **Auckland Community Law Centre** please indicate if you have passed **Family Law / Employment Law** papers

**Family Law**

**Employment Law**

2. If you are enrolling for a placement with the police – please provide the following details:

<b>Police Placements</b>	
Full Name	
Date of Birth:	
Place of Birth:	
Phone:	
Driving licence number:	
Address:	
Next of Kin Contact Details :	
<b>(Please note your next of kin contact person must live in Auckland)</b>	

**Please briefly outline the reasons, special interest in the choice of your placement or other factors to be considered:**

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The above information is required in order to facilitate the co-ordination of community placements and to allow for students to be contacted by the Community Placement Co-ordinator and the placement organisation. Failure to provide full and accurate details makes it extremely difficult to arrange placements. Please provide any changes of address or phone number to the Community Placement Co-ordinator (Tessa) as soon as possible.

I consent to the disclosure of my name, address and phone number to the placement organizations listed above.

.....  
(Please sign)

.....  
(Date)

**Please submit this form to Tessa Sillifant [t.sillifant@auckland.ac.nz](mailto:t.sillifant@auckland.ac.nz)**