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STUDENT PLACEMENT QUESTIONNAIRE

Applicant's FULL name: _____

Email address: _____

Contact number: _____

Please answer the following questions and return this Questionnaire together with your completed Volunteer Application Form to our Centre. If you require additional space for answers, please feel free to attach a separate document.

Questions

1. How many hours do you have to complete? _____

2. Is this a general or clinical placement? _____

3. When do you have to start and complete your placement? (Dates, time frame etc.) _____

4. When are you available each week? (I.e. days / times. We are open Mon – Wed, Fri (10am – 3pm) and we also run the Friday night outreach from 6.30pm -12.30am (approx.)

5. What specific aspects of the organisation would you like to observe and participate in?

Please go to our website www.life-gate.org) and familiarise yourself with the various services we offer in order to answer this question (such as Outreach, surveys, research, admin, etc.)

6. **What are your personal aims and expectations for your placement?** (I.e. Are there specific skills you would like to develop, areas of work you would like to observe? etc.)

7. **What areas of counselling/ youth work are you interested in, or looking to get into in the future? What dreams do you have for how you would like to use your training in the future?**

COMPLETED FORMS:

Please scan and email to:

lau.lifegate@optusnet.com.au

OR

Mail to:

Life-Gate Inc.

Attn: Placement Supervisor

PO Box 11097, Frankston VIC 3199