

# Permission to enrol in LAW306/LLM506 Law Experiential Learning

Student Number:

UNE Email:

Given Name:

Surname:

Phone number:

Which unit level are you seeking enrolment in?

LAW306

LLM506

Do you currently meet the prerequisites for LAW306/LLM506?

Yes

No

Period you intend to commence

T1

T2

T3

Which stream are you seeking enrolment (select one option)?

Are you completing this unit at an existing place of employment or an institution which you are already volunteering ?

Yes

No

State your existing duties and activities:

For clinical/practical work placement, please provide details of the host workplace, supervisor and activities that may be performed.

Supervisor Name:

Organisation Name:

Supervisor Email:

Supervisor Phone Number:

**Note:** the tasks performed as part of your placement must not be same as those that you would normally undertake as part of your paid employment or existing volunteer work.

Description of activities: