



**VOLUNTARY WORKPLACE ACTIVITIES THAT SUPPORT  
YOUR DEGREE:**

**Confirmation of completion of minimum hours of voluntary  
placement**

**Monash Student ID:** \_\_\_\_\_

**Family Name:** \_\_\_\_\_

**Given Name(s):** \_\_\_\_\_

**Course title:** \_\_\_\_\_

*This statement is to be completed by the placement supervisor upon completion of the minimum hours of voluntary placement.*

**Placement organisation/host name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

I hereby confirm that \_\_\_\_\_  
has completed the required minimum \_\_\_\_ hours of voluntary  
placement as per the agreed arrangement.

**Supervisor signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Placement organisation stamp (if required):**

***Students, please submit this form to your School or Department  
administration office.***