

Graduate Diploma of Legal Practice Work Experience Declaration (NSW)

For courses starting after 1 March 2026

Work Experience Declaration

(To be completed at the end of EVERY WE placement)

I, _____ (Applicant) _____ (COLPass)

declare that:

1. I undertook Work Experience in compliance with the Work Experience rules (see website for most current rules at collaw.edu.au):

at _____ (Approved work place)

from _____ to _____ (total number of days) on the basis of _____ days a week

Please complete the Annexure overleaf detailing dates. It must be signed by you and your approved supervisor. If you are completing the coursework full time you may not claim any more than 2 days per week during the coursework component. The work experience period must be accrued in Australia at a minimum rate of two days per week concurrently with or after the coursework component.

2. At this placement I have completed _____ (insert total number) days of Work Experience.

I declare that the statements contained in this declaration are true and not misleading in any respect. I acknowledge that there are serious professional consequences for false or misleading information and that The College of Law relies on this declaration when certifying my completion of the Graduate Diploma of Legal Practice.

Digital signatures accepted, the witness can be anyone over the age of 18 years old.

Signature: _____ (Applicant's Signature) **Date:** _____

Signed in the presence of: _____ (Witness' Signature) **Date:** _____

Name of witness (please print) _____ Occupation: _____

Address:

I confirm I have completed and attached the Work Experience Journal with this declaration.

Acknowledgement

(To be completed at the end of EVERY WE placement by the supervisor who signed the approval form)

I, _____ (Approved Supervisor)

certify that: _____ (Applicant)

has undertaken the above Work Experience under my supervision and that such WE complies with the WE rules. I confirm the student has completed the Work Experience journal which I have signed.

Signature: _____ **Date:** _____

Digital signatures accepted.

Please return the declaration via email to support@collaw.edu.au

Student name:

COLPass:

Course code:

I

(approved supervisor)

 confirm that

(applicant name)

 has

satisfactorily completed the following WE days. These days comply with the WE rules.

Days	Date dd/mm/yy	Full or half day (F/H)	Days	Date dd/mm/yy	Full or half day (F/H)	Days	Date dd/mm/yy	Full or half day (F/H)
1			6			11		
2			7			12		
3			8			13		
4			9			14		
5			10			15		

Please add additional days if necessary.

In isolation this annexure does not sign off on work experience days, you must also submit the work experience declaration form.

Student signature:

Date:

Supervisor signature:

Date:

Digital signatures accepted.

Please return the declaration via email to support@collaw.edu.au