**A Job Well Done
Award of Attainment**

**Name**

from

**School Name**

Has effectively participated in the activities related to

**A Job Well Done**

An occupational health and safety program for students with a disability undertaking work experience

**Principal OFFICIAL SCHOOL STAMP**

**Or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On** \_\_\_/\_\_\_/\_\_\_\_

(With the authority of and on behalf of the Principal)