

Work Integrated Learning Feedback Form



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TECHNOLOGY

Please complete this form so that we can learn more about you and your learning at Swinburne University of Technology.

Date :

■ Personal Data Information

Full Name :

Address :

Email : Student ID :

Phone No : Gender : ☐ Male ☐ Female ☐ Other

Study Level: ☐ Undergraduate ☐ Postgraduate ☐ International Student

■ Industry Partner

Name of Company :

Address :

Department/Unit :

Start Date : Finish Date :

■ Work Integrated Learning Details

Please select the type of WIL that you plan to cover in the following section.

Which WIL unit you were enrolled in

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■ Your experience in the WIL program

Q1: Introduction – tell us about yourself; what's your name, what did you study at Swinburne, when did you graduate/ anticipated to graduate?

Q2: What did/does a typical day-in-the-life look like for you during your internship/placement? What skills did you gain?

Q3: Casting your mind back to your internship/placement/final year research, what were the highlights and achievements which prepared you for the workforce?

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Q4: Tell us about your career journey since your internship/placement/WIL fyrp

Q5: How has your real industry experience allowed you to develop professionally?

Q6: Which professional skills do you think (future) engineering students/graduates will need to develop going forward?

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Q7: What was the moment that made you realise that this was the industry for you?

A large, empty dark grey rectangular box intended for the user to provide their answer to question Q7.

■ Additional Information

A large, empty dark grey rectangular box intended for the user to provide additional information.

■ Attachments



Attach photos

