

School work experience agreement form

Work experience - procedures			
1. Student details and agreement			
Family name:		Given name:	
School:		Date of birth:	
Email:		Home phone:	
Gender:	Male/Female	Mobile phone:	
School:			
Coordinator:		Mobile phone:	
Email:		Work phone:	
Working with children card obtained:	Yes/No	White card obtained:	Yes/No

As a student on work experience, I agree to:

- complete a pre-work experience work health and safety orientation program.
- attend the host workplace at the agreed days and times or notify my host and the coordinator promptly if I am unable to do so.
- not use my mobile phone except during designated breaks, such as morning tea or lunch.
- be appropriately dressed and carry out all lawful and reasonable directions of the host workplace supervisors and perform my duties to the best of my ability.
- comply with host workplace rules governing health and safety including by taking reasonable care for my own health and safety and taking care that my actions do not adversely affect the health and safety of other persons.
- promptly inform my host supervisor and school coordinator of any incident or accident.
- immediately contact the school coordinator or the school if there are any aspects of my placement that are of concern to me.
- the information on this form being provided to the host workplace.

Student signature:		Date:	
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2. Parent and emergency contacts			
Contact name 1:		Relationship to student:	
Address:			
Email:		Home phone:	
Day phone:		Mobile phone:	
Contact name 2:		Relationship to student:	
Email:		Home phone:	
Day phone:		Mobile phone:	
As the parent of this child, I:			
<ul style="list-style-type: none"> agree to them participating in work experience at the host workplace, as per the information in Section 3. 			Yes/No
<ul style="list-style-type: none"> agree to the information on this form being provided to the host workplace. 			Yes/No
<ul style="list-style-type: none"> give permission for my child to receive first aid in the case of minor injury. 			Yes/No
<ul style="list-style-type: none"> give permission to the host workplace to arrange for an ambulance or appropriate emergency medical treatment in the case of injury. 			Yes/No
<ul style="list-style-type: none"> acknowledge that the host workplace employees are not required to hold a current Working with Children card unless the host workplace or its employees are engaged in child-related employment as defined by the <i>Care and Protection of Children Act 2007</i>. 			Yes/No
<ul style="list-style-type: none"> agree to arrange and meet the costs of transport to and from the host workplace. 			Yes/No
<ul style="list-style-type: none"> give permission for my child's image – photograph or video – to be taken and used by the host employer. 			Yes/No
<ul style="list-style-type: none"> provide the following information about any medical condition, medication or other relevant information that may affect my child's capacity to participate in work experience – example: asthma, colour blind or allergies. 			

Details:				
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Name:		Signature:		Date:	
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3. Host workplace details

Business name:				
Street address:		Phone:		
Postal address:		Fax:		
Email:				
Contact person:		Work phone:		
Email:		Mobile phone:		
Supervisor:		Work phone:		
Email:		Mobile phone:		
Workplace primary activity:		Placement dates:		
Start time:		Finish time:		

Please indicate the type of work and workplace structure that will be provided:

Special Conditions or requirements – example: clothing or safety:

White card	Working with Children card	PPE – detail	Age restrictions
Yes/No	Yes/No	Yes/No	Yes/No

I have read and am authorised by the host workplace to agree to the obligations set out in the Department of Education document Information for host workplaces and undertake to immediately advise the school if for any reason the host workplace is no longer able to fully comply with those requirements.	Yes/No
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This workplace complies with <i>Work Health and Safety (National Uniform Legislation) Act 2016</i>		Yes/No	
The allocated supervisor is a fit and proper person who understands their obligations.		Yes/No	
Name:		Position:	
A workplace induction will be conducted with the student before commencing work on the first day.		Yes/No	
Our workplace has adequate and accessible facilities, including first aid, bathroom facilities and break area.		Yes/No	
The student will only travel in a comprehensively insured, registered company or departmental vehicle with a fully licenced driver.		Yes/No	
Our workplace confirms that they have current Public Liability and Workers Compensation Insurance policies.		Yes/No	
Our workplace provides and mandates the use of Personal Protective Equipment.		Yes/No	
Signature:		Date:	
4. School details – Note: if the student is 14 years old, only the principal can approve work experience			
School:			
Contact:		Position:	
Email:		Phone:	
<p>Department of Education and School Obligations</p> <p>The Department of Education (DoE), through the school, has a duty to ensure, so far as reasonably practicable, that the health and safety of students participating in Work Experience are not put at risk by their participation or attendance at the host workplace. DoE agrees to conduct or arrange a workplace observation or risk assessment of the host workplace or ensure appropriate risk management strategies prior to the student commencing the placement and to conduct ongoing monitoring of the student's health and safety.</p> <p>I give permission for the above-mentioned student to undertake work experience at the host workplace listed on this document.</p>			
Principal or authorised person signature:		Date:	
Orientation program completed and recorded.		Yes/No	
All teachers advised of placement dates.		Yes/No	
Working with Children card required and obtained.		Yes/No	
Workplace observation required and completed.		Yes/No	
Medical or disability requirements identified and provided.		Yes/No	

PPE required and supplied.	Yes/No
Details of special arrangements necessary:	

Collection notice

The information collected in this form will only be used for the purpose for which it is being collected. All information will be treated confidentially, stored in a secure location, and destroyed in line with legislated retention and disposal schedules to ensure that everyone's right to privacy is maintained. For more information, go to the Department of Education's Policy and Advisory Library and read the Privacy Policy.