

1. STUDENT DETAILS																											
Family Name:		Given Name:																									
School:		Date of Birth:																									
Home Phone:		Email:																									
Mobile:		Aboriginal: YES <input type="checkbox"/> NO <input type="checkbox"/>																									
Gender: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER <input type="checkbox"/>																											
School:																											
Work Experience Coordinator Name:		Phone:																									
Mobile:	Alternative Phone No:	Email:																									
Working with Children Card Obtained: YES <input type="checkbox"/> N/A <input type="checkbox"/>		White Card Obtained : YES <input type="checkbox"/> N/A <input type="checkbox"/>																									
<p>As a student on work experience I agree to:</p> <ul style="list-style-type: none"> 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 school Work Experience Coordinator promptly if I am unable to do so. not use my mobile phone except during designated breaks, such as lunch or morning tea. be appropriately dressed and carry out all lawful and reasonable directions of the host workplace supervisor(s) 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 the 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:																									
2. PARENT/EMERGENCY CONTACTS																											
Contact Name 1:		Relationship to Student:																									
Address:																											
Home Phone:	Day Phone:	Mobile:																									
Email:																											
Contact Name 2:		Relationship to Student:																									
Address:																											
Home Phone:	Day Phone:	Mobile:																									
<p>As the parent of this child, I:</p> <table style="width: 100%; border: none;"> <tr> <td style="padding: 5px;">• agree to them participating in work experience at the host workplace, as per the information in Section 3.</td> <td style="text-align: center; padding: 5px;">Y</td> <td style="text-align: center; padding: 5px;">N</td> </tr> <tr> <td style="padding: 5px;">• agree to the information on this form being provided to the host workplace.</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">• give permission for my child to receive first aid in the case of minor injury.</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">• give permission to the host workplace to arrange for an ambulance and/or appropriate emergency medical treatment in the case of injury.</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">• acknowledge that the host workplace employees are not required to hold a current Working with Children Clearance Notice unless the host workplace or its employees are engaged in child related employment as defined by the <i>Care and Protection of Children Act</i>.</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">• agree to arrange and meet the costs of transport to and from the host workplace.</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">• give permission for my child's image (photograph &/or video) to be taken and used by the host employer.</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">• provide the following information about any medical condition, medication and/or other relevant information that may affect my child's capacity to participate in work experience <i>eg: asthma; colour-blind; allergies.</i></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table> <p><i>Details:</i></p>				• agree to them participating in work experience at the host workplace, as per the information in Section 3.	Y	N	• agree to the information on this form being provided to the host workplace.	<input type="checkbox"/>	<input type="checkbox"/>	• give permission for my child to receive first aid in the case of minor injury.	<input type="checkbox"/>	<input type="checkbox"/>	• give permission to the host workplace to arrange for an ambulance and/or appropriate emergency medical treatment in the case of injury.	<input type="checkbox"/>	<input type="checkbox"/>	• acknowledge that the host workplace employees are not required to hold a current Working with Children Clearance Notice unless the host workplace or its employees are engaged in child related employment as defined by the <i>Care and Protection of Children Act</i> .	<input type="checkbox"/>	<input type="checkbox"/>	• agree to arrange and meet the costs of transport to and from the host workplace.	<input type="checkbox"/>	<input type="checkbox"/>	• give permission for my child's image (photograph &/or video) to be taken and used by the host employer.	<input type="checkbox"/>	<input type="checkbox"/>	• provide the following information about any medical condition, medication and/or other relevant information that may affect my child's capacity to participate in work experience <i>eg: asthma; colour-blind; allergies.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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Name:		Signature:	Date:																								

3. HOST WORKPLACE DETAILS

Business Name:		
Street Address:		
Postal Address:		
Phone:	Fax:	Email:
Contact person:		
Phone:	Mobile:	
Supervisor Name:		
Phone:	Mobile:	
Workplace Primary Activity:		
Placement dates:	Start time:	Finish Time:
Please indicate the type of work and work place structure that will be provided:		
Special Conditions/Requirements (clothing/safety etc): Tick if required:		
White Card <input type="checkbox"/>	Working with Children Card <input type="checkbox"/>	PPE <input type="checkbox"/> Detail: _____ Age restrictions <input type="checkbox"/>
I have read and am authorised by the host workplace to agree to the obligations set out in the Department of Education document "Requirements of a Host Workplace" and undertake to immediately advise the school if for any reason the host workplace is no longer able to fully comply with those requirements. <input type="checkbox"/> Yes <input type="checkbox"/> No This workplace complies with <i>Work Health and Safety (National Uniform Legislation) Act 2016</i> (NT). <input type="checkbox"/> Yes <input type="checkbox"/> No The allocated supervisor/s is a fit and proper person who understands their obligations. <input type="checkbox"/> Yes <input type="checkbox"/> No	A workplace induction will be conducted with the student before commencing work on the first day. Y N <input type="checkbox"/> <input type="checkbox"/> Our workplace has adequate and accessible facilities, including first aid, bathroom facilities and break area. Y N <input type="checkbox"/> <input type="checkbox"/> Student will only travel in a comprehensively insured, registered company or departmental vehicle, with a fully licenced driver. Y N <input type="checkbox"/> <input type="checkbox"/> Our workplace confirms that they have current Public Liability and Workers Compensation Insurance policies. Y N <input type="checkbox"/> <input type="checkbox"/> Our workplace provides and mandates the use of Personal Protective Equipment. Y N <input type="checkbox"/> <input type="checkbox"/>	
Name:	Signature:	Date:
Position:		

4. SCHOOL DETAILS Note: If the student is 14 years of age *only* the Principal can approve work experience

School Name:	Contact:	Position:
Email:	Phone/Mobile:	
DoE/School Obligations The Department of Education (DoE), through the school has a duty to ensure, so far as is reasonably practicable, that the health and safety of students participating in Work Experience are not put at risk by their participation and/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. I give permission for the above mentioned student to undertake Work Experience at the host workplace listed on this document.		
PRINCIPAL OR DELEGATE SIGNATURE:		DATE:

5. SCHOOL USE ONLY

(tick as appropriate)	YES	NO		YES	NO
Orientation program completed and recorded	<input type="checkbox"/>	<input type="checkbox"/>	Was workplace observation required and completed	<input type="checkbox"/>	<input type="checkbox"/>
All teachers advised of placement dates	<input type="checkbox"/>	<input type="checkbox"/>	Medical / disability requirements identified and provided	<input type="checkbox"/>	<input type="checkbox"/>
Ochre Card required and obtained	<input type="checkbox"/>	<input type="checkbox"/>	Is PPE required/supplied	<input type="checkbox"/>	<input type="checkbox"/>
Details of Special arrangements necessary:					