



STUDENT WORKPLACE LEARNING RECORD

All details regarding the student's work placement or work experience must be understood and agreed by all parties.

SECTION 1. STUDENT AND PLACEMENT DETAILS

Student's Name _____ Year Level _____ Date of Birth _____

Student's Mobile Phone _____ Medicare No _____

Related School Course or Activity _____ Work Experience _____ HSC VET Work Placement _____

Host Employer (refer to Section 4 for full details) _____

Start date _____ Finish date _____ Total number of days _____ Start time _____ Finish time _____

Program Type (please tick) 1. Block Program 2. One Day per Week 3. Split Shifts

Program Details/location for split shifts _____

- I have completed all pre-placement activities and am aware of my rights and responsibilities.
- I will perform my duties during the placement to the best of my ability and comply with all reasonable directions of the host employer and their employees.
- I understand my responsibility to support work health and safety in the host workplace. I know I must not do anything to jeopardise the safety of myself or others.
- I understand that if I feel unsafe during the placement I have the right to not undertake the task and to report the issue as soon as possible.
- I understand my safety is of the highest importance during the placement and there are no negative consequences to me in reporting health and safety issues to my school, the host employer or to my parent/caregiver.
- I know I must contact my school if I have any concerns about my placement.
- I will inform my workplace supervisor and school promptly of any injury or accident that involves me.
- I will inform both the host employer and my teacher as soon as possible if I am unable to attend the workplace.
- I know who to contact in case of emergency – see the *Student Safety & Emergency Contact Card*.
- If I have access during the placement to business or personal information that is private and confidential I will not convey this information to anyone outside the host employer's workplace. I will not use any mobile devices to record conversations, video or take photos without permission from the host employer or supervisor.
- I have read and understand the Privacy Notice on page 3.

Student's Signature _____ Date _____

SECTION 2. SCHOOL DETAILS

School Name _____ Phone _____

School Address _____

School Email _____ Front office hours _____

School Contact _____ Position _____ Phone _____

School Emergency Contact _____ Position _____ Phone _____

The school undertakes to ensure that

- the student is prepared for the workplace to optimise the student's safety and achievement during their placement.
- the employer is provided with a copy of the Catholic Education Commission *Employer Guide to Workplace Learning*.
- the parent/caregiver is provided with a copy of the Catholic Education Commission *Student's/Parent's Guide to Workplace Learning*.

SECTION 3. PARENT/CAREGIVER PERMISSION

Name _____ Relationship to student _____

Address _____

Telephone (home) _____ (work) _____ (mobile) _____

Emergency Contact Name _____ Relationship to student _____ Phone _____

Does the placement include out of normal business hours (e.g 6-9pm) No Yes, please provide out of hours contact details

Out of Hours Contact Name _____ Relationship to student _____ Phone _____

Does your child have a medical condition (e.g. severe asthma, type 1 diabetes, epilepsy, anaphylaxis or other severe allergy), disability or learning support need that may affect their safety or learning during the placement? If so, please give details below (or attached) regarding medication, adjustments or support needed.

No Yes, please provide details _____

I understand that if the student has been diagnosed as being at risk of anaphylaxis, it is my responsibility to provide an adrenaline auto-injector for the placement and a copy of the ASCIA Action Plan or individual health care plan.

- I have read the Catholic Education Commission *Student's/Parent's Guide to Workplace Learning* and understand my role and responsibilities.
- I consent to the placement proceeding as outlined in this student placement record and will notify the school promptly if I have any concerns during the placement.
- I have read and understand the Privacy Notice on page 3.

Parent/Caregiver's Signature _____ Date _____

STUDENT NAME:	SCHOOL:	HOST EMPLOYER:
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SECTION 4. HOST EMPLOYER DETAILS

Name of Organisation (Trading Name) _____

Address _____

Postal Address (if different) _____

Contact Person _____ Position _____

Phone _____ Fax _____ Mobile _____

Email _____

Website _____

Location of placement (if different to above address) _____

OVERVIEW

Type of industry _____ Main activity _____

Approximate no. of employees at proposed worksite _____ Approx. no. of years in current operation _____

Government enterprise Private enterprise Self-employed Other (please specify) _____

Has your business hosted school students for work experience or work placement in the last 12 months? YES NO

SUPERVISION AND STUDENT HOURS

Name of experienced employee who will provide on-going supervision of the student. NB. **The supervisor would not be a trainee or apprentice.**

Supervisor Name _____ Position _____

Supervisor contact details (if different from above) Phone _____ Mobile _____

Start date _____ Finish date _____ Total number of days _____

Start Time _____ Finish Time _____ Lunch Break _____ Student's Total Hours _____

DESCRIPTION OF ACTIVITIES

- **Please note there are a number of hazardous activities which are prohibited for students undertaking workplace learning.** These are listed in the "Conditions and Exclusions" section of the Catholic Education Commission insurance covers document that has been provided to you.
- **For each of the following, please provide full details regarding tasks the student will undertake.** For further advice on this section, see *Employer Guide to Workplace Learning Appendix 1.*

Activities/duties to be undertaken by the student _____

Any activities or tasks the student is NOT to undertake e.g. *no-go areas, machinery/equipment that is too dangerous for new/young workers to operate*

Indicate any risks to the student in the planned activities e.g. *manual handling, repetitive activities; exposure to sun, chemicals, fumes, use of particular tools or equipment, proposed horse riding or use of farm vehicles.*

How will those risks be eliminated or controlled? _____

Other special conditions (clothing, footwear, equipment, pre-training, vaccinations, transport, multiple sites, routine car travel, individual student needs, first day arrangements)

