

Workplace learning agreement form

This form is to be completed in full and returned for school approval by:

This document is to be referenced against the current version *Workplace learning procedures*. No part of the existing text may be altered, deleted or added to.

This document in its entirety is to be completed in the following order:

1. student
2. work placement provider
3. parent/caregiver
4. principal/delegate.

Schools are to attach to the completed and signed original, any additional forms, such as for maritime placements, accommodation away from home, or addendums documenting changes to work placement dates, time, location or tasks.

SECTION A: School		SCHOOL TO COMPLETE	
School contact		Mobile:	
School name:		Telephone:	
Street address:			
Suburb/town:		Postcode:	Email:
SECTION B: Student details		STUDENT TO COMPLETE	
Family name:		Given name:	Email:
Mobile (optional)	Birth date:	Age at time of placement:	Year level:
<input type="checkbox"/> Work experience <input type="checkbox"/> Structured work placement	Identify industry area or VET course linked to this placement:		
Please indicate any relevant certification student holds (eg White Card)			
Identify any special medical condition, medication, disability and/or learning needs that may affect this student on work placement. If none, please indicate <i>'Not applicable'</i> .			
<i>Please attach further information if necessary</i>			

Student to sign and date the following declaration

As a student on work placement, I agree to attend the workplace at the agreed time and days or to notify both my workplace supervisor and my school promptly if I am unable to do so. I shall be appropriately dressed and comply with all reasonable directions. I shall promptly inform the workplace supervisor and the school of any incident or accident. I will complete the required program of workplace preparation prior to beginning work placement. I am aware that, in case of need, I may contact my supervising teacher or school. I have read and understood the information '**A guide to workplace learning for students**'.

Student signature:		Date:	
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Section C1: Work placement provider details	WORK PLACEMENT PROVIDER TO COMPLETE
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Placement dates:	From:	To:	Start time:	
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Identify any specific arrangements:	Lunch time:	
	Finish time:	

Work placement provider name:	Telephone:
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Postal address:	Email:
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Suburb/town:	Postcode:
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Contact person:	Name:	Position:
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Location of placement (If not same as above)

Tasks to be performed:	Will the student be required to travel as a passenger in an appropriately registered and insured work vehicle as part of their placement? Yes No
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Special conditions (eg special clothing / PPE / WWCC):

SECTION C2: Work placement provider declaration **WORK PLACEMENT PROVIDER TO NOTE THEN SIGN/DATE THIS SECTION**

I certify that Work Health and Safety practices, procedures and systems are in place, including the induction of people new to the workplace.

I agree to accept this student on work placement and to plan and conduct an appropriate program in a non-discriminatory and harassment free environment. I will notify the school in the case of student illness, accident, inappropriate behaviour or any absence.

I give assurance that the student will be adequately supervised in a child safe environment. Those work placement providers who are mandated notifiers agree to acknowledge their responsibility under the *Children and Young People (Safety) Act 2017 (SA)*.

I understand the student will not be paid or given a reward of any description for work performed during the placement and will not be used to replace a paid or striking worker or participate in industrial disputes.

I understand the student will be visited or telephoned by a school representative during the placement and that the student will not be involved with any tasks prohibited by insurance or legislation.

I acknowledge that the student will be directly supervised by persons who are suitably qualified/and or experienced and competent at the relevant task the student is undertaking during this placement and that the information provided on this form is for the administration of workplace learning only. Subject to the requirements of the South Australian Government *Information Privacy Principles 1989 (re-issued 16 September, 2013)* this information is not to be used for any other purpose.

I acknowledge I have read and understood the information '**A guide to workplace learning for work placement providers**'.

Insurance arrangements (Please tick relevant box)

I understand that through the completion of this form that while a student is participating in the work placement program they are covered by:

- Department for Education self-insurance arrangements in the case of students enrolled in government schools, or
- The school's personal accident and public liability insurance policies in the case of students enrolled in nongovernment schools.

I certify that as the work placement provider:

- I have a current public liability or protection and indemnity insurance policy, **OR**
- my workplace is a large corporation, statutory authority, government department or instrumentality, and stands its own risk in terms of public liability in the event of injury to the student or damage or injury to a third party arising from the actions of the student, but which is attributable to negligence on the part of the work placement provider or their workers or agents.

Work placement provider signature:		Date:	
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SECTION D: Emergency contact details **PARENT/CAREGIVER/INDEPENDENT STUDENT* TO COMPLETE, SIGN & DATE**

Name:		Relationship to student:	
Address:			
Telephone:	Home:	Work:	Mobile:

Parent/caregiver to sign and date declaration below

I give permission for:	(insert student's name)
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to be involved in the work placement program under the conditions outlined in this document, particularly C1 and C2. In the event of illness or accident, the emergency contact shall be notified as soon as possible. If contact cannot be made, I authorise the supervisor in the workplace to obtain the services of a suitably qualified medical practitioner and to convey the student to a place suitable for treatment. I undertake to cover the costs of any unmet expenses incurred. I understand that I am responsible for transportation and any costs associated with travel to and from the work placement. I have read and understood the information 'A guide to workplace learning for parents and caregivers'.

Parent/caregiver/independent student name (print):	
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Parent/caregiver/independent student signature:		Date:	
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SECTION E: Principal/delegate's approval **FOR SIGN OFF ONCE ALL SECTIONS HAVE BEEN COMPLETED**

I **certify** that the student will have completed a program of workplace preparation and having done so, give permission for this student to undertake a work placement with the above-named work placement provider in accordance with the current *Workplace learning procedures*.

The principal must sign this Workplace learning agreement where any of the following apply. The student will:

- be only 14 years of age at the time of work placement
- require accommodation away from home for this placement
- undertake this work placement interstate
- be undertaking a maritime work placement

<input type="checkbox"/> Principal or (please indicate)	Name:			
	Signature:		Date:	
<input type="checkbox"/> Delegate				

*'independent student' refers to any student over 18, or whom the school recognises as being responsible for their own education and living.

- original (or scan of original) retained by the school
 copy to work placement provider
 copy to the student
 copy to parent/caregiver