

Student Placement Record

 Original to be held by the school
 Copy 1: for the host employer

 Copy 2: for the parent or carer
 Copy 3: for the student

Student's name: _____
 School: _____ Host business: _____

Tick more than one if applicable

HSC VET work placement Work experience Other Accommodation away from home

Section 1: Student placement summary

Start date _____ Finish date _____ Total number of days _____ Related course/activity _____

Starting time _____ Finishing time _____ Lunch break _____ Student's total hours _____

Tick where relevant Block One day per week Split shifts eg Hospitality

Shift details (times/location) _____

Host employer on-site address _____ Contact person _____

Phone _____ Mobile _____

Email _____

Student details

Year (eg 10,11) _____ Date of birth _____

Student's mobile no. _____ Medicare no. _____

Details below (or attached) of any adjustment, medication or medical condition (eg severe asthma, type 1 diabetes, epilepsy, anaphylaxis or other severe allergy), disability, learning and support need or factors the school or employer should know:

..

Please tick where applicable:

I am at risk of an anaphylactic reaction and will carry an adrenaline auto-injector, eg EpiPen and relevant ASCIA Action Plan. Yes No

The host employer requires evidence of vaccination compliance. Yes No

The placement includes out of normal business hours, eg 6-9pm Yes No

If yes, name of student's emergency contact out of normal business _____

hours Parent/carer/other _____ Home phone _____

Mobile _____ Work phone (if relevant) _____

- I have completed all pre-placement activities.
- I have been issued with a **Student Safety & Emergency Contact Card**.
- I know who to contact in case of emergency.
- I will inform both the host employer & my teacher as soon as possible if I am unable to attend the workplace.
- I am aware of my rights and responsibilities.
- I am aware of the contents of the Privacy Notice on Page 3.
- I will comply with all reasonable directions of the host employer & their employees.
- I understand that if I feel unsafe during the placement, I have the right to not undertake the task & report the issue, as soon as possible.
- If I have access during the placement to business or personal information which is private or confidential, I will not pass on that information to any person outside the host employer's workplace.

- I will not use any mobile device to record conversations, video, or take photos without the permission from the host employer or supervisor.
- I will inform my supervisor immediately of any injury or accident that involves me. I will inform the school within 24 hours.
- I understand and will follow the safety requirements for the host workplace and will not undertake unauthorized works or activities that may jeopardise the safety of myself or others.
- I know I must contact my school if I have any concerns about my placement.
- I understand that there are no negative consequences to me in reporting health & safety issues to my school, the host employer or to my parent(s) /carer(s).

Student signature _____

Date _____

Section 2: School details

School _____ Email _____

Address _____ School phone number _____

Front office hours _____

School's nominated contact during normal business hours _____

Contact's position _____ Contact phone/mobile _____

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 Workplace Learning Guide for Employers*
- the student's parents or caregivers are provided with a copy of *The Workplace Learning Guide for Parents and Carers*
- If the placement involves accommodation away from home, additional preparation occurs and relevant documentation is completed & attached
- the travel form is completed, where relevant
- any adjustments required by the student have been discussed with the student, their parent/carer and the employer.

Student's name: _____

School: _____ Host business: _____

Section 3: Host employer details (This first section may be completed by the student)

Name of organisation or trading name _____

Address _____ Contact person _____

_____ Position _____

_____ Postcode _____ Phone _____

Email _____ Mobile _____

Website _____ Fax _____

Location of placement (if different from above address) _____

Request is for: HSC VET work placement or Work experience or Other _____

Dear Host Employer:

Please complete all the following responses to give the school important information about the proposed placement. If more space is needed please attach the information. This will assist the school to manage their duty of care to the student and your responses will help you satisfy your relevant workplace obligations. You may wish to keep a file copy as a guide for any future placements. Thank you.

Overview

Type of industry _____ Main activity _____

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

Government enterprise Private enterprise Self-employed Other

Tick only if you have hosted school students for work experience or work placement in the last 12 months.

Supervision and student hours

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

Supervisor's name _____ Position _____ Phone number _____

Student's start time _____ Finishing time _____ Lunch break _____ Total hours _____

Tick where relevant: Block One day per week Split shifts

Shift details and location _____

Please note: there are a number of hazardous activities which are prohibited for students undertaking placements. These are listed at:

[Prohibited activities and activities that need special consideration](#)

Description of the proposed placement – in detail

See [Completion of the Student Placement Record to meet the Department's standards](#)

Activities/duties to be undertaken by student

Any activities or tasks the student is not to undertake eg no-go areas, machinery or equipment that is too dangerous for new or young workers to operate. **Please be specific.**

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

How will those risks be eliminated or controlled? Please be specific. Eg WHS Induction on Day 1

Special conditions eg clothing, footwear, equipment, pre-training, vaccinations, transport, multiple sites, routine car travel or individual student needs.

Student's name: _____

School: _____ **Host business:** _____

Please tick if these are available to the student:

Essential: First aid facilities Suitable toilet facilities Drinking water

Other: Lunch room Staff canteen Lockers

Please tick this box if you wish the student's school to contact you prior to the placement eg to provide you with information about the student such as their experience, skill level, any adjustment required, or for you to discuss aspects of the student's safety in the workplace.

Section 3: Host employer details (continued)

Host employer/workplace supervisor to complete the following declaration:

- I have read [The Workplace Learning Guide for Employers](#) and am aware of the host employer's rights and responsibilities outlined in it and the need to provide a safe and positive environment for the student, free from harassment and discrimination.
- I will provide planned learning and skill development activities appropriate for the student under the supervision of myself or a capable and trustworthy employee briefed for the task.
- I confirm that the activities assigned are suitable for the student and that WHS risks have been assessed and managed in accordance with the requirements of the *Work Health and Safety Act 2011 (NSW)* and [Completion of the Student Placement Record to meet the department's standards](#).
- I will check any health care concerns with the student and ensure they and their supervisor knows what to do in the case of a medical event i.e. where the student will keep their medication, eg an adrenaline auto-injector-EpiPen.
- I will consult and cooperate with the school and will notify the school immediately of any health and safety incidents involving a student while on placement, including near misses, to enable the Department of Education to fulfil its WHS obligations.
- I will see that the student is first provided with a site-specific workplace induction and then with the appropriate information, instruction, training, supervision (and personal protective equipment where needed) throughout the placement.
- I acknowledge that the student will not be paid in relation to the placement.
- I will notify the school if the student is ill, injured, absent without explanation or behaving inappropriately.
- I will notify the school immediately if I need to change sites, redirect students to another location or find asbestos on the site.
- I have read and understood the special responsibilities associated with working with children and young people as detailed in the section related to child protection on page 9 in [The Workplace Learning Guide for Employers](#). I understand students must report incidents to their school.
- I am not aware of anything in the background of any staff member or other person who will have close contact with the student that would preclude that staff member or person from working with children.
- I have informed employees of their responsibilities when working with children and young people.
- I am aware of the specific restrictions and prohibited activities for students and will ensure students are not asked to carry out any of these activities.

Signature of host employer/workplace supervisor

Date

Print name

Position

Privacy notice - for all parties

The information provided by students, parents/carers and host employers is obtained for the purpose of coordinating a workplace learning opportunity for the school student. The NSW Department of Education will use the information to meet student health, duty of care and child protection responsibilities and to support the information needs of the student, host employer and the parent/caregiver. The Work Placement Service Provider might access information related to HSC VET work placements but only with the approval of the principal.

Providing this information is voluntary. However, if you do not provide any of the information requested then the student may not be able to undertake the planned workplace learning.

The information you provide will be stored securely and kept for a minimum of two years where there is no further action relating to the placement. The information will only be disclosed for purposes directly related to the purpose for which it is collected.

You may correct any personal information by contacting the student's school.

Student's name: _____

School: _____ Host business: _____

Section 4: Parent/carer permission (Must be completed for students aged under 18 years)

Name _____ Relation to student _____
Address _____ Mobile _____ Work phone _____
(optional) _____ Home phone _____ Medicare no. _____
_____ Postcode _____ Contact phone number after normal business hours _____
Email _____

- I have read [The Workplace Learning Guide for Parents and Carers](#) and understand my role and responsibilities.
 I have read the [Additional Information for Parents and Carers](#) including the insurance and indemnity arrangements as outlined on Page 2.
I will immediately notify the school if I have any concerns and the school will follow up and action.
 I am aware of the contents of the Privacy Notice on Page 3.

Tick if the placement includes out of normal business hours eg 6-9pm

If ticked, please respond to either 1 or 2 below:

1. **Years 11-12** where relevant: I agree to make myself available as a contact for the student after normal business hours in the event of an emergency **OR**
I nominate _____ on telephone _____ to be the willing and reliable contact out of normal business hours.
Their relationship to my child is _____ and they have accepted these responsibilities.
2. **Years 9-10:** contact arrangements must be negotiated with the Principal by the parent/carer and student. The arrangements are:

The workplace requires evidence of vaccination compliance. No Yes (Please ring the school for more information)

- Tick if the student has the following medication, medical condition (eg severe asthma, type 1 diabetes, epilepsy, anaphylaxis or other severe allergy), disability or learning and support need that may affect their safety during the placement. _____ or N/A
If so what support or adjustment do you think the student will need to make their placement successful? _____

If more space is needed, please attach the information

I understand that if the student is diagnosed as being at risk of anaphylaxis, I will provide an adrenaline auto-injector for the student for the placement.

The student has a current ASCIA Action Plan or individual health care plan. Yes No

I consent to a copy being provided by the school to host employer eg health care plan cover sheet Yes No

- Tick if the placement choice includes **overnight accommodation away from home**.
I understand this will need special approval and additional documentation.

I consent to the student in Year _____ undertaking the placement outlined on this Student Placement Record.

Signature of parent/carer

Date

Where relevant: Years 11-12: signature/date of adult approved by the parent to be the after normal business hours contact.

Section 5: School approval of the placement

- The student has been prepared for the workplace by the school to optimise the student's safety and achievement during their placement.
- The placement is supported according to the department's [Workplace Learning Policy](#).
- The school will report incidents affecting the safety of students, including near misses, while undertaking workplace learning in accordance with the department's Incident Reporting Policy and Procedures. In accordance with the policy, incidents must be reported as soon as possible but within 24 hours.
- The student has been issued with a personal Student Safety and Emergency Contact Card and trained how to use it.
- If medical information, support or adjustments are to be provided this has been shared with the host employer. If the student is diagnosed as being at risk of anaphylaxis, the school has confirmed that the parent or caregiver has provided an adrenaline auto-injector to the student for the placement.
- The school has provided a copy of the student's current ASCIA Action Plan or health care plan cover sheet to the host employer and has discussed it with them.
Tick: N/A Yes No
- Where the placement mandates a general construction induction training card/white card, it has been sighted.
- Where the placement involves accommodation away from home, relevant documentation is completed and attached.
- Where the employer has been asked to be contacted, the employer has/has not been contacted by phone/visit. See check box page 3.
- Arrangements are in place for a teacher to conduct a phone call or supervisory visit to the employer and student to check on their program and safety.

I am satisfied that all the above have been completed and that all parts of this Student Placement Record are complete and signed as required and that the placement is suitable for this student.

Signature of Principal/Nominee

Print name

Date

Nominee position in school