

Student Placement Record

■ **Original to be held by the school**
■ **Copy 2: for the student**

■ **Copy 1: for host employer**
■ **Copy 3: for the parent or carer**

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 details

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

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

Tick where relevant:

☐ **Block**

☐ **One day per week**

☐ **Split shifts**

Details/Location between split shifts: _____

Host employer 'onsite' address _____ Contact person _____

Phone _____ Mobile _____

Email _____

Student information

Name _____ Year (e.g. 10) _____ Date of birth _____

Student's mobile no. _____ Medicare no. _____

Details below (or attached) of any adjustment, medication or medical condition (e.g. 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, e.g. EpiPen and current ASCIA Action Plan.

☐ **Yes** ☐ **No**

☐ The placement includes out of normal business hours, e.g. 6-9pm _____

Name of student's emergency contact out of normal business hours _____

Parent/carer/other _____ Home Ph _____

Mobile _____ Work Ph (if relevant) _____

☐ I have completed all pre-placement activities.

☐ I am aware of my rights and responsibilities.

☐ I understand my responsibilities during the placement 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 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(s)/carer.

☐ I know I must contact my school if I have any concerns about my placement.

☐ 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.

☐ I am aware of the contents of the Privacy Notice on Page 3.

☐ I will comply with all reasonable directions of the host employer and their employees.

☐ If I have access during the placement to business or personal information which is private and confidential, I will not convey that information to any person 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 will inform my supervisor and the school promptly of any injury or accident that involves me.

Student signature

Date

Section 2: School details

School _____ Email _____

Address _____ School phone number _____

Front office hours _____

School's nominated contact, position and phone/mobile details during normal business hours _____

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 carers 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 and attached.

Student's Name:	School:	Host Business:
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Section 3: Host employer details *(This first section may be completed by the student)*

Name of organisation or trading name _____

Address _____

_____ Post code _____

Email _____

Website _____

Location of placement (if different from above address) _____

Contact person _____

Position _____

Phone _____

Mobile _____

Fax _____

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. years in current operation _____ Approximate no. 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 of the student. **The supervisor would not be a trainee or an apprentice.**

Supervisor's name _____ Position _____

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

Tick where relevant: ☐ Block ☐ One day per week ☐ Split shifts Details _____

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.

Or see website <https://www.det.nsw.edu.au/vetinschools/worklearn/ProhibitedActivities.html>.

Description of the proposed placement, in detail.

See Completion of the Student Placement Record to meet the Department's standards

Or see website <https://www.det.nsw.edu.au/vetinschools/worklearn/worklearnpolicy.html>.

Activities/duties to be undertaken by student _____

Any activities or tasks the student is not to undertake e.g. no-go areas, machinery or equipment that is too dangerous for new or 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? _____

Special conditions e.g. clothing, footwear, equipment, pre-training, transport, multiple sites, routine car travel and individual student needs.

Student's Name:	School:	Host Business:
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Section 3: Host employer details *(Continued from page 2)*

Please tick if these are available to the student:

Essential:	<input type="checkbox"/> first aid facilities	<input type="checkbox"/> suitable toilet facilities	<input type="checkbox"/> drinking water
Other:	<input type="checkbox"/> lunch room	<input type="checkbox"/> staff canteen	<input type="checkbox"/> lockers

☐ Tick this box if you wish the student's school to contact you prior to the placement e.g. 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.

Host employer/workplace supervisor to complete the following declaration:

- ☐ I have read *The Workplace Learning Guide for Employers* and am aware of the 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 know what to do in the case of a medical event i.e. where the student will keep their medication, e.g. 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 and Communities 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 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.

Additional Information for Employers is available at: <https://www.det.nsw.edu.au/vetinschools/worklearn/worklearnpolicy.html> or scan the QR code opposite.



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 and Communities 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/carer. 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 teacher in charge of the student's workplace learning program at the student's school.

Student's Name:	School:	Host Business:
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Section 4: Parent/carer permission *(Must be completed for students aged under 18 years)*

Name _____	Relation to student _____
Address (Optional) _____	Mobile _____ Work Phone _____
_____	Home Phone _____ Medicare no. _____
_____ Post code _____	Contact phone number after normal business hours _____

- ☐ I have read *The Workplace Learning Guide for Parents and Carers* and understand my role and responsibilities. Additional information for Parents is available at: <https://www.det.nsw.edu.au/vetinschools/worklearn/worklearnpolicy.html>
- ☐ 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 e.g. 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 my child 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: _____

- ☐ My child has the following medication, medical condition (e.g. 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 your child will need to make their placement successful? _____
If more space is needed, please attach the information.

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

My child has a 2015 ASCIA Action Plan or individual health care plan ☐ YES ☐ NO

If Yes, I consent to a copy being provided by the school to the host employer e.g. 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 my child in Year _____ undertaking the placement outlined on this Student Placement Record.

Signature of parent/carer _____

Date _____

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 and Associated Documents and Forms.
 - 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 carer has provided an adrenaline auto-injector for their child for the placement.
 - The School has provided a copy of the student's 2015 ASCIA Action Plan or health care plan cover sheet to the host employer and has discussed it with them.
- Tick: ☐ N/A or ☐ YES ☐ NO
- Where the placement involves accommodation away from home, relevant documentation is completed and attached.
 - Where the employer has asked to be contacted, the employer has/has not been contacted by phone/visit. See tick box in shaded area, top of page 3.
- ☐ I am satisfied that all of 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 _____

Date _____

Print name _____

Position in School _____