

Vehicle travel with host employer



Student and School/EVET provider details

Student's name _____ Year group _____ Date of birth _____
School/EVET provider name _____ School/EVET provider contact person _____
Contacts position _____ Phone number _____

Placement Details

Host employer's name _____ Phone number _____
Work location address _____ Post code _____
Workplace supervisors name _____ Position _____ Phone _____
Date of Placement _____ Total number of days _____

Routine travel as part of normal work activities to / from workplace

Taxi Hire Car Employer vehicle Employee vehicle

Proposed driver _____ Position _____

License type _____ Length of time employed with the host employer _____

Will there be other employee/s travelling in the vehicle? Yes No Changes from day to day

Date/s of proposed travel _____ Approximate departure time _____ return time _____

Travel is between _____ and _____

Purpose of travel if not routine or daily travel and site/s to be visited N/A

HOST EMPLOYER ACKNOWLEDGEMENT

I confirm that:

- The proposed driver is licensed for the vehicle they will be driving and, if issued with a provisional licence, complies with relevant peer passenger conditions
- The proposed driver is not disqualified or suspended from driving; and is not subject to any impediments to his/her ability to drive a motor vehicle or other vehicle (as relevant).
- The vehicle in which the student is to be transported is registered and covered by NSW compulsory third party insurance or interstate equivalent
- To the best of my knowledge the vehicle in which the student is to be transported is roadworthy, safe for normal road use and suitable for the work-related purpose to which it will be put
- The number of passengers in the vehicle will not exceed the number of seatbelts
- I am not aware of anything in the background of the proposed driver that would preclude them from working with a student. I have advised that good safety practice is for the student to travel in the back seat of the vehicle where possible.

_____	_____	_____
Name	Signature	Date

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STUDENT CONSENT

I consent to undertaking vehicle travel with the host employer and/or nominated supervisor/s as part of the workplace learning arrangements.

Student Name	Student Signature	Date

PARENT CONSENT (required if student is aged under 18 years)

I consent to my child undertaking vehicle travel detailed above with the host employer and/or nominated supervisor/s as part of the workplace learning arrangements. I understand my child is covered under the department's insurance arrangements for this travel and not withstanding that cover, my child is also covered under the provisions of the Motor Traffic Accident legislation.

Parent / Guardian Name	Parent / Guardian Signature	Date

SCHOOL/EVET PROVIDER CONSENT

I consent to the student undertaking vehicle travel with the host employer and/or nominated supervisor as part of the workplace learning arrangements.

Principal or nominee Name	Principal or nominee Signature	Date

Principal or nominee or EVET Provider Manager or delegate