

Student Placement Record

The Student Placement Record must be completed and signed by the student, host employer, parent or carer and school before workplace learning can start. A completed copy must be provided to the host employer, parent or carer and student. The original is to be held by the school.

Student Name		School	
Host employer			

Section 1: Student information

- | | | |
|--|-----------------|--|
| <input type="checkbox"/> HSC VET work placement | VET course name | |
| <input type="checkbox"/> Work Experience | | |
| <input type="checkbox"/> Accommodation away from home is required (<i>leave blank if not required</i>) | | |

Student's name		Year (eg. 10, 11)	
Date of Birth		Student's mobile number	
Email		Medicare Number	

Provide details of **any** medical conditions or medication required eg. severe asthma, type 1 diabetes, epilepsy, anaphylaxis or other severe allergy.

Provide details of any support or adjustments to make the placement successful.

If more space is needed, please attach the information. Student to read and sign declaration.

☐ I have completed all preparation activities before attending placement

When on workplace learning I will:

- ☐ Carry my student safety and emergency contact card
- ☐ Inform the school and the host employer if I am unable to attend the placement
- ☐ Follow all reasonable directions and will not share host business or personal information with others
- ☐ Work safely and only in areas that I am allowed
- ☐ Stop work if I feel unsafe and report any issues or accidents to my supervisor and school as soon as possible
- ☐ Not use my mobile phone for any reason without permission
- ☐ Contact school or my emergency contact if I feel unsafe or have any concerns.

Student Signature		Date	
-------------------	--	------	--

STUDENT PLACEMENT RECORD

Section 2: School details

School Name		School number	
Address			
Nominated contact		Nominated contact number	
Nominated contact position			

The school undertakes to ensure that:

- ☐ the student has been prepared for the workplace prior to the placement
- ☐ contact during business hours has been provided
- ☐ the host employer has been provided a copy of The Workplace Learning Guide for Employers
- ☐ student's parents/carers have been provided a copy of The Workplace Learning Guide for Parents and Carers

Section 3: Host employer details *If more space is needed please attach the information.*

Host business		Contact person	
Address		Position	

Provide details of workplace learning location if different to the address above

Contact number		Mobile	
Email		Website	
Type of industry		Main activity	
Approx. years in current operation		Approx. number of employees	

- ☐ Tick if you have hosted students for work experience or work placement in the last 12 months
- ☐ Tick if you require contact from the school or student prior to placement commencement

Supervision and student hours

Name of experienced supervisor (must not to be a trainee or apprentice)			
Position		Contact number	
Start date		Finish date	
Total number of days		Total hours	
Start time		Finish time	
Break time		If one day a week, list day	
For split shifts:	Shift 1 start time		Finish time
	Shift 2 start time		Finish time

STUDENT PLACEMENT RECORD

Activities and risk assessment

Please note: These sections cannot be left blank

Please provide detailed responses to the following questions. This section details any risks, how they will be managed and assists the school to manage their duty of care and satisfy your workplace obligations. For more information and a list of activities that students are **not to undertake**, download the AISNSW Employer Guide to Workplace Learning and the Work Placement / Work Experience Guidelines Prohibited Activities document from the AISNSW website.

List the activities to be undertaken by the student.

List activities that the student is **not to undertake**. This includes no-go areas, specific machinery and equipment that is dangerous for new or young workers. Please note an extensive risk assessment must be completed for horse riding and the use of farm vehicles.

List any risks to the student in planned activities, please be specific. This includes manual handling, exposure to sun, chemicals, fumes, repetitive strain injuries and the use of dangerous tools or equipment.

How will the listed risks be eliminated or controlled, eg. induction first day, close supervision, tasks are demonstrated and supervised to completion.

List any special conditions such as clothing, footwear, pre-training, vaccinations or transport.

Host employer to read the following declaration and sign the document.

- ☐ I have read the Employers Guide to Workplace Learning and am aware of my rights and responsibilities and the need to provide a safe and positive work environment for the student.
- ☐ I will provide planned learning and skill development activities appropriate for the student under the supervision of myself or a capable and trustworthy employee (not apprentice/trainee) 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 Work Health and Safety Act 2011 (NSW).
- ☐ I will check any health care concerns with the student and ensure they and their supervisor know what to do in the case of an emergency i.e. where the student will keep their medication or 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.
- ☐ 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 during the placement and 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 or find asbestos on the site.
- ☐ 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

STUDENT PLACEMENT RECORD

with children.

- ☐ I will provide access to first aid, toilet facilities and drinking water.
- ☐ 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.
- ☐ I agree to all the above statements.

By signing this section, you are confirming your workplace is following NSW Health COVID-19 safe guidelines, including a COVID-19 safety plan (or relevant state or territory COVID-19 safety plans).

Host employer signature		Date	
PRINT NAME			

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. NSW independent schools 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 three 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 PLACEMENT RECORD

Section 4: Parent/carers permission

Name		Relation to student	
Contact number		after hours number	

☐ Tick if the placement includes out of normal business hours. If ticked, please complete 1 or 2 below

1. Years 11-12: I agree to be the contact for the student in the event of an emergency or:

I nominate _____ contact number _____ to be the reliable contact out of normal business hours. Their relationship to my child is _____ and they have accepted this responsibility.

2. Years 9 -10: Contact arrangements must be negotiated with the principal by the parent/carers and student. The arrangements are _____

Parent/carers to read the following declaration and sign the document.

- I have provided evidence of vaccination compliance as required by host employer. *(For information contact school)*
- I understand if the student is diagnosed as being at risk of anaphylaxis, I will provide an adrenaline auto-injector for the student for the placement. I consent to the students ASCIA Action Plan or Individual Health Care Plan being provided to the host employer.
- Where the placement includes **overnight accommodation away from home**, I understand this will need special approval and additional documentation.
- I have read **The Workplace Learning Guide for Parents/Carers** and understand my role and responsibilities.
- I will immediately notify the school if I have any concerns and the school will follow up.
- I am aware of the contents of the Privacy Notice on Page 3.

By signing I consent to the student undertaking the placement outlined on this Student Placement Record.

Signature of parent/carers		Date	
Signature of student (if over 18)			

Section 5: School approval of the placement

School to read the following declaration and sign the document.

- The school will report any student incidents within 24 hours including near misses.
- Proposed activities have been checked, are safe and appropriate to the capabilities of the student.
- Documentation of medical information, vaccinations, support or adjustments will be provided and shared with the host employer. If the student is diagnosed as being at risk of anaphylaxis, the school has confirmed that the parent or carers has provided an adrenaline auto-injector to the student.
- The school has provided a copy of the student's current ASCIA Action Plan or health care plan cover sheet to the host employer as per parent/carers consent (see above).
- General Construction Induction Card (White Card) has been sighted where applicable.
- Where the placement involves accommodation away from home, relevant documentation is completed and attached.
- The school has contacted the host employer where applicable. See check box page 3.
- Arrangements are in place for a teacher to phone or visit the student or host employer to check on the progress of the placement

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

Signature of Principal/Nominee		Date	
PRINT NAME		Nominee position in school	