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.

Section 1: Student information

☐ HSC VET work placement VET course name _____ ☐ Work experience

☐ Accommodation away from home is required.

Student's name _____ School _____ 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 othersevere 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 _____

Section 2: School details

School _____ Email _____

Contact number _____ Nominated contact _____

Contact position _____ Contact number _____

The school undertakes to ensure that:

- The student has been prepared for the workplace prior to the placement and has the appropriate skills and maturity to be safe in a workplace
- 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 work location if different to the address above or if student travel is involved.

_____

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 be a trainee or apprentice _____

Position _____ Contact number _____

Start date _____ Finish date _____ Total number of days _____ Total hours _____

Students start time _____ Finish time _____ Break _____ If one day per week list day _____

For split shifts: Shift 1 start time _____ finish time _____ Shift 2 start time _____ finish time _____

Activities and risk management

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 see: Completion of the student placement record to meet the department's standards.

For a list of activities that students are **not to undertake** select the link : Prohibited activities and activities that need special consideration

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 special conditions such as clothing, footwear, pre-training, vaccinations or student travel with host employer

_____

_____

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

- I have read the Workplace Learning Guide for Employers and am aware of my rights and responsibilities and the need to provide a safe and positive work environment for the student.
- The vehicle in which the student is travelling is registered, the driver is licensed for the vehicle they will be driving and provisional license holders comply with all their conditions.
- 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 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 the NSW government guidelines on COVID-19.

Host employer signature_____ Date _____

Print name _____

Privacy notice - 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 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.

Section 4: Parent/carer permission

Name_____ Relation to student _____

Contact number_____Work phone_____Contact after normal business hours _____

Parents email address _____

☐ **Tick if the placement includes out of normal business hours.** If ticked, please respond to either 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/carer and student. The arrangements are: _____

☐ I have provided evidence of vaccination compliance as required by host employer. *(For information contact school)*

☐ If the student is diagnosed as being at risk of anaphylaxis I will provide an adrenaline auto-injector for the placement. I consent to the students ASCIA Action Plan or individual health care plan being provided to the host employer.

☐ Parents/carers are responsible for any expenses incurred by their student as a result of accident or injury, prior to a claim submitted and processed under insurance provisions.

☐ 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/carer ***Date*** ***Signature of student (if over 18)***

Section 5: School approval of the placement

- The school will report any student incidents within 24 hours including near misses, in accordance with the Incident Reporting Policy and Procedures.
- 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 carer 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.
- Food handlers basic training certificate or equivalent units of competency to be 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 2.
- 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 the student.

_____ _____ _____ _____

Signature of principal/nominee ***Print name*** ***Date*** ***Nominee position in school***