

Workplace learning agreement form

This form is to be completed and returned for school approval by:

This document is to be referenced against the current version *Workplace learning procedures*. No part of the existing text may be altered, deleted or added to.

This document in its entirety is to be completed in the following order:

1. student
2. work placement provider
3. parent/caregiver
4. principal/delegate.

Schools are to attach to the completed and signed original, any additional forms, such as for maritime placements, accommodation away from home, or addendums documenting changes to work placement dates, time, location or tasks.

SECTION A: School		SCHOOL TO COMPLETE	
School contact		Mobile:	
School name:		Telephone:	
Street address:			
Suburb/town:		Postcode:	Email:

SECTION B: Student details		STUDENT TO COMPLETE	
Family name:		Given name:	Email:
Mobile (optional)	Birth date:	Age at time of placement:	Year level:
<input type="checkbox"/> Work experience	Identify industry area or VET course linked to this placement:		
<input type="checkbox"/> Structured work placement			
Please indicate any relevant certification student holds (eg White Card)			
Identify any special medical condition, medication, disability and/or learning needs that may affect this student on work placement. If none, please indicate <i>'Not applicable'</i> .			
<i>Please attach further information if necessary</i>			

Student to sign and date the following declaration	
<p>As a student on work placement, I agree to attend the workplace at the agreed time and days or to notify both my workplace supervisor and my school promptly if I am unable to do so. I shall be appropriately dressed and comply with all reasonable directions. I shall promptly inform the workplace supervisor and the school of any incident or accident. I will complete the required program of workplace preparation prior to beginning work placement. I am aware that, in case of need, I may contact my supervising teacher or school. I have read and understood the information <u>'A guide to workplace learning for students'</u>.</p>	
Student signature:	Date:



Section C1: Work placement provider details			WORK PLACEMENT PROVIDER TO COMPLETE	
Placement dates:	From:	To:	Start time:	
Identify any specific arrangements:			Lunch time:	
			Finish time:	
Work placement provider name:			Telephone:	
Postal address:			Email:	
Suburb/town:			Postcode:	
Contact person:	Name:		Position:	
Location of placement (If not same as above)				
Tasks to be performed:			Will the student be required to travel as a passenger in an appropriately registered and insured work vehicle as part of their placement? Yes No	
Special conditions (eg special clothing / PPE / WWCC):				

SECTION C2: Work placement provider declaration	WORK PLACEMENT PROVIDER TO NOTE THEN SIGN/DATE THIS SECTION
<p>I certify that Work Health and Safety practices, procedures and systems are in place, including the induction of people new to the workplace.</p> <p>I agree to accept this student on work placement and to plan and conduct an appropriate program in a non-discriminatory and harassment free environment. I will notify the school in the case of student illness, accident, inappropriate behaviour or any absence.</p> <p>I give assurance that the student will be adequately supervised in a child safe environment. Those work placement providers who are mandated notifiers agree to acknowledge their responsibility under the <i>Children and Young People (Safety) Act 2017 (SA)</i>.</p> <p>I understand the student will not be paid or given a reward of any description for work performed during the placement and will not be used to replace a paid or striking worker or participate in industrial disputes.</p> <p>I understand the student will be visited or telephoned by a school representative during the placement and that the student will not be involved with any tasks prohibited by insurance or legislation.</p> <p>I acknowledge that the student will be directly supervised by persons who are suitably qualified/and or experienced and competent at the relevant task the student is undertaking during this placement and that the information provided on this form is for the administration of workplace learning only. Subject to the requirements of the South Australian Government <i>Information Privacy Principles 1989 (re-issued 16 September, 2013)</i> this information is not to be used for any other purpose.</p> <p>I acknowledge I have read and understood the information '<u>A guide to workplace learning for work placement providers</u>'.</p>	
<p><i>Section continued on next page.</i></p>	

Insurance arrangements (Please tick relevant box)			
<p>I understand that through the completion of this form that while a student is participating in the work placement program they are covered by:</p> <ul style="list-style-type: none"> • Department for Education self-insurance arrangements in the case of students enrolled in government schools, or • The school's personal accident and public liability insurance policies in the case of students enrolled in non-government schools. <p>I certify that as the work placement provider:</p> <p><input type="checkbox"/> I have a current public liability or protection and indemnity insurance policy, OR</p> <p><input type="checkbox"/> my workplace is a large corporation, statutory authority, government department or instrumentality, and stands its own risk in terms of public liability in the event of injury to the student or damage or injury to a third party arising from the actions of the student, but which is attributable to negligence on the part of the work placement provider or their workers or agents.</p>			
Work placement provider signature:		Date:	

SECTION D: Emergency contact details		PARENT/CAREGIVER/INDEPENDENT STUDENT* TO COMPLETE, SIGN & DATE	
Name:		Relationship to student:	
Address:			
Telephone:	Home:	Work:	Mobile:

Parent/caregiver to sign and date declaration below			
I give permission for:			(insert student's name)
<p>to be involved in the work placement program under the conditions outlined in this document, particularly C1 and C2. In the event of illness or accident, the emergency contact shall be notified as soon as possible. If contact cannot be made, I authorise the supervisor in the workplace to obtain the services of a suitably qualified medical practitioner and to convey the student to a place suitable for treatment. I undertake to cover the costs of any unmet expenses incurred. I understand that I am responsible for transportation and any costs associated with travel to and from the work placement. I have read and understood the information 'A guide to workplace learning for parents and caregivers'.</p>			
Parent/caregiver/independent student name (print):			
Parent/caregiver/independent student signature:		Date:	

SECTION E: Principal/delegate's approval		FOR SIGN OFF ONCE ALL SECTIONS HAVE BEEN COMPLETED	
<p>I certify that the student will have completed a program of workplace preparation and having done so, give permission for this student to undertake a work placement with the above-named work placement provider in accordance with the current <i>Workplace learning procedures</i>.</p> <p>The principal must sign this Workplace learning agreement where any of the following apply.</p> <p>The student will:</p> <p><input type="checkbox"/> be only 14 years of age at the time of work placement</p> <p><input type="checkbox"/> require accommodation away from home for this placement</p> <p><input type="checkbox"/> undertake this work placement interstate</p> <p><input type="checkbox"/> be undertaking a maritime work placement</p>			
<input type="checkbox"/> Principal or (please indicate)	Name:		
<input type="checkbox"/> Delegate	Signature:	Date:	

*'independent student' refers to any student over 18, or whom the school recognises as being responsible for their own education and living.

original (or scan of original) retained by the school

copy to work placement provider

copy to the student

copy to parent/caregiver

Work health & safety checklist

This form to be completed for every student work placement

To be completed prior to the student's work placement and in conjunction with the work placement provider. This form must be returned to the school with the Workplace learning agreement form. This form is valid for 3 years only if the student placement is comparable.

Work placement provider: _____

Student name: _____ Student telephone: _____

The work	Comments
Supervisor (name, position and contact details):	
How will the student be inducted into the workplace? eg online, face to face, combination etc	
Are there any licence / competency / legal requirements for the work? (eg white card, drivers licence, forklift licence, working with children check.)	
Is the student required to supply any Personal Protective Equipment (PPE) <input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate below any PPE the student is required to supply: <input type="checkbox"/> Steel cap boots <input type="checkbox"/> Hearing protection <input type="checkbox"/> Safety glasses <input type="checkbox"/> Gloves <input type="checkbox"/> Hi-vis clothing <input type="checkbox"/> Hard hat <input type="checkbox"/> Sun protection <input type="checkbox"/> Other (please provide details)	

The work environment	
Work Health Safety Officer: (name, role and contact details):	
Please complete: <ul style="list-style-type: none"> • Workplace has WHS policy and procedures: <input type="checkbox"/>Yes <input type="checkbox"/>No • First aid kits available: <input type="checkbox"/>Yes <input type="checkbox"/>No • Trained first aid personnel on site: <input type="checkbox"/>Yes <input type="checkbox"/>No • Emergency procedures documented and displayed: <input type="checkbox"/>Yes <input type="checkbox"/>No • Appropriate amenities available: <input type="checkbox"/>Yes <input type="checkbox"/>No • Drinking water available: <input type="checkbox"/>Yes <input type="checkbox"/>No 	

Please ensure students are provided with information relevant to the hazards they will be exposed to eg manual handling, plant & equipment. If 'YES' for any hazards, then a follow up site visit or telephone call may be required.

For work placements requiring greater consideration (higher risk), a risk assessment needs to be completed (refer page 2 for details).



Hazards in the workplace	Yes	No	Details
Animals / insects / spiders / snake bites/stings etc			
Cash handling			
Airborne dust / aerosols / gases / vapours			
Electrical (exposed live parts or faults)			
Exposure to communicable diseases			
Hazardous chemicals			
Heat / cold (eg furnaces, cool rooms)			
Hazardous manual handling			
Noise/vibration			
Plant/equipment (dangerous moving parts, unguarded machinery/equipment)			
Sharp objects / instruments			
Slips, trips and falls			
Travel (specific details of travel related to work placement)			
UV exposure (working outdoors for extended periods)			
Vehicles and people in same area			
Work at heights (ladders, scaffolding)			
Is there any other relevant information you may wish to advise prior to the student commencing? If so, what information?			

Person completing the form:	
Title/position:	
Signature:	Date:

School representative:	
Signature:	Date: