

Student Placement Record

Original to be held by the school. Copy 1: for host employer
Copy 2: for the student. Copy 3: for the parent or carer

Student's name:	School: ROBERT TOWNSON HIGH	Host business:
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SCHOOL

Section 1: Details of student and workplace learning program

Student's name Year (e.g. 10) 10R Date of birth

School program is ☒ Work experience ☐ HSC VET work placement ☐ Other Class

Related Course/Activity SCHOOL TO WORK

Start date 5TH AUGUST, 2013 Finish date 9TH AUGUST, 2013 Total number of days 5

Tick where relevant: ☒ 1. Block release ☐ 2. Individual placement ☐ 3. One day per week ☐ 4. Split shifts

Details for 3 or 4 above

Details below (or attached) of any medical condition, allergy, medication, disability or factors which the school or employer should know:

Student's Mobile No. Medicare No.

☐ Tick if the placement includes out of normal business hours, ie

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

(Parent/carer/other)

Home phone Mobile Work phone if relevant

- I have participated in pre-placement activities to optimise my safety and achievement during my workplace learning opportunity and I am aware of my rights and responsibilities and emergency contact arrangements if needed.
- I will perform my duties during the placement to the best of my ability; support work health and safety in the host workplace and comply with all reasonable directions of the host employer and their employees.
- I will inform both the host employer and the teacher in charge as soon as possible if I am unable to attend the workplace and will inform my supervisor promptly of any injury, accident or incident that may occur.
- If I have access during the placement to information which is private and confidential, I will not convey to any person outside the host employer's workplace knowledge or information of this kind.
- I am aware of the contents of the relevant Privacy Notice on page 3.

Student's signature

Date

Section 2: School details

Name of school ROBERT TOWNSON HIGH SCHOOL Website www.roberttown-h.schools.nsw.edu.au

Address Thunderbolt Drive RABY 2566

Fax 9820 2921 Email roberttown-h.school@det.nsw.edu.au School's telephone contact details 9824 7777

The school undertakes to ensure that:

- the student is prepared for the workplace by the school 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.

Student's name: [REDACTED]	School: ROBERT TOWNSON HIGH 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 _____ Postcode _____

Contact person _____ Position _____

Telephone _____ Fax _____ Mobile _____

Email _____ Website _____

Location of placement (if different from above address) _____

Request is for ☐ Work experience OR ☐ HSC VET work placement OR ☐ Other

To the host employer: You are kindly asked to complete all the following responses to give the school important information about the proposed placement. 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 use this as a guide for any future placements.

Overview

1. Type of industry _____ Main activity _____

2. ☐ Public/Government enterprise ☐ Private enterprise ☐ Self-employed ☐ Other _____

3. Approx. no. years in current operation _____ Approx. no. employees at proposed worksite _____

4. I have hosted school students for work experience or work placement in the last 12 months ☐ Yes ☐ No

Supervision and student hours

Name of the experienced employee who will provide on-going supervision of the student _____

Supervisor's name _____ Position _____

Student's starting time pm Finishing time pm Lunch Break mins. Student's est. total hours

Description of the proposed placement – in detail

Activities/duties to be undertaken by student

Any activities or tasks the student is not to undertake eg 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 eg manual handling; repetitive activities such as keyboarding; exposure to sun, chemicals, fumes; use of particular tools or equipment

How will those risks be eliminated or controlled?

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

Student's name:	School: ROBERT TOWNSON HIGH SCHOOL	Host business:
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Section 3: Host employer details (Continued)

Tick if these are available to the student:

Essential: ☐ first aid facilities ☐ suitable toilet facilities. Other: ☐ lunch room ☐ staff canteen ☐ lockers

Tick I feel confident about:

- what tasks in my workplace are suitable for students and what tasks are unsuitable ☐ Yes ☐ No
- providing the induction to students including relevant health and safety matters, emergency procedures and a tour of relevant work areas. (The Workplace Learning Guide for Employers provides guidance) ☐ Yes ☐ No

☐ Tick this box if you wish the student's school to contact you prior to the placement eg to provide you with information about the student such as their experience, skill level or for you to discuss aspects of the student's safety in the workplace.

Host employer/workplace supervisor to note, sign and date below:

- 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 WH&S risks have been assessed and managed in conformity with the Work Health and Safety Act 2011 (NSW).
- 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 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 am aware of 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 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.

Signature of host employer/workplace supervisor

Date

Print name

Privacy notice – for all parties

The information provided by students, parents/carers and 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 duty of care and child protection responsibilities and to support the information needs of the student, 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. This may be the careers adviser or the student's HSC VET teacher or subject teacher.

Student's name: _____	School: ROBERT TOWNSON HIGH	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 _____ Postcode _____

Telephone (Home) _____ Work _____ Mobile _____

After normal business hours _____ Medicare No. _____

- I consent to my young person in Year undertaking the placement outlined on this Student Placement Record.
- I have read the The Workplace Learning Guide for Parents and Carers and understand my role and responsibilities.
- I am aware of the contents of the relevant Privacy Notice on page 3.

☐ Tick if the placement includes out of normal business hours, ie _____

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 young person 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 relation to my young person is _____ and they have accepted these responsibilities.

2. Years 9 -10: contact arrangements must be negotiated with the Principal by the parent or carer and student. The arrangements are

- The student has the following disabilities, medical conditions or allergies that may affect their safety during the placement.

Signature of parent/carer

Date

Years 11-12: Signature of nominated contact/date
(where relevant)

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.
- I have checked that all parts of this Student Placement Record are complete and signed as required.
- I am satisfied that the placement is suitable for this student.
- See tick box on page 3: Where the employer has asked to be contacted, the employer been contacted by

Signature of Principal/nominee

Date

NINA LAMPE

Print name

Careers Advisor/Head Teacher VET

Position in school