appendix b. student placement record

Appendices B1, B2, B3 and B4, together, constitute the Student Placement Record which is used to confirm that all requirements of the Workplace Management Plan have been met for the placement of individual students in particular workplaces.

These appendices are collated and retained for each placement for each student.

1. 1. student section

|  |
| --- |
| **STUDENT INFORMATION** |
| Student’s Name: |  | Date of Birth: |
| Contact Number: | Medicare Number: |
| Emergency contact: | Home: |
| Mobile: | Work: |
| Workplace: | Proposed dates of placement:From: To:  |
| Please tick where applicable: |
| [ ]  | I or my parents/carers/guardians have provided details of any medication, adjustments, disability, and/or learning support the school or the employer should know about. If this information changes, I will inform the school. | [ ]  | I know I must contact my workplace learning coordinator if I have any concerns about my placement. |
| [ ]  | I know I must contact my workplace learning coordinator if I have any concerns about the behaviour of the host employer or staff towards me. |
| [ ]  | I have completed a Safety Inductione.g. WorkSafe Smart Move, White Card. | [ ]  | I will inform both the host employer and my workplace learning coordinator as soon as possible if I am unable to attend the work placement on any given day. |
| [ ]  | I have been made aware of the specific requirements that apply to the particular industry my placement is in and agree to comply with these requirements. | [ ]  | I know who to contact in an emergency. |
| [ ]  | I am aware of my rights and responsibilities. | [ ]  | I will comply with all reasonable direction from the host employer and their employees. |
| [ ]  | I understand my responsibilities during the placement to support work health and safety in the host workplace. I know I must not do anything to jeopardise the safety of myself and others. | [ ]  | If I have access during the placement to business or personal information which is private and confidential, I will not convey that information to any person outside the host employer’s workplace. |
| [ ]  | I understand the need for and will acquire basic personal protective clothing and equipment (e.g. steel capped boots) required for the placement. | [ ]  | I will not use any device to record conversations, video or take photographs without permission from the host employer or supervisor. |
| [ ]  | I understand that if I feel unsafe during the placement I have the right to not undertake the task and I have the right to report the issue as soon as possible to my workplace learning coordinator. | [ ]  | I will inform my workplace supervisor and the school promptly of any injury or accident that involves me. |
| [ ]  | I understand that my physical and personal safety is of the highest importance during the placement and there are no negative consequences for me in reporting health and safety issues to my school, the host employer and/or to my parents(s)/carer/guardian. |
| **Student signature:*****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  | **Date:*****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  |

* 1. host employer section

|  |
| --- |
| **STUDENT INFORMATION** |
| Student’s Name: |

|  |
| --- |
| **SCHOOL INFORMATION** |
| School : | Front office hours |
| Address: |
| Telephone: | Email |
| Workplace Learning (WPL) Coordinator: | Contact Details: |
| VET Coordinator: | Contact Details: |
| Type of Workplace Learning Program | [ ]  | ADWPL Course(SCSA) | [ ]  | Work Experience | [ ]  | Work Shadowing |
| [ ]  | Part of a VET Program | [ ]  |  PAiS | [ ]  | Other (e.g. Internship) |

|  |
| --- |
| **WORK PLACEMENT** |
| Purpose: |
| Type of Industry: | Main Activity: |
| Specific industry skills (e.g. Certificate II in Hospitality) to be addressed (if applicable): |
| Start Date: | Finish Date: | Total Number of Days: |
| Student’s Start Time: | Finish Time: | Student’s Total Hours: |
| [ ]  | Block | [ ]  | One Day Per week | [ ]  | Split Shifts | [ ]  | Other: |  |
| [ ]  | Placement includes out of school hours work | Please Specify: |  |  |  |
| Transport arrangements (whilst in the work place): |  |  |  |  |  |

|  |
| --- |
| **HOST EMPLOYER** |
| Please complete all the following responses. If more space is needed please attach the information. 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 keep a file copy as a guide for any future placements.  |
| Company Name: | Proprietor/Supervisor: |
| Workplace: | Job Role: |
| Address: | Telephone: |
| Location of Placement (if different to the Address above) | Business address: |
| Contact telephone: |
| [ ]  | I have consulted with my insurance broker to determine that my business holds the appropriate level of public liability cover for my business. | [ ]  | I have provided a Certificate of Currency for this insurance to the school.  |
| Supervisor’s Name: |  | Position: | Telephone: |

|  |
| --- |
| Host employer/workplace supervisor declaration: |
| [ ]  | I have read the [Student Work Placement Guide (WorkSafe)](https://www.safeworkaustralia.gov.au/doc/student-work-placement-guide) and understand the responsibilities associated with working with children and young people.  |
| [ ]  | 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 will be suitable for the student and that OSH risks will be assessed and managed in accordance with the requirements of the *Occupational Safety and Health* Legislation.I have confirmed and signed the *Description of the proposed activities* to meet the Department’s requirements. |
| [ ]  | I have been provided with details of any medication, adjustments, disability, and/or learning support the student may need.  |
| [ ]  | I will consult and cooperate with the school and will notify the school immediately of any health and safety incidents involving the student while on placement, including near misses, to enable the Department to fulfil its OSH obligations. |
| [ ]  | I will provide a site-specific induction and the ongoing appropriate information, instruction, training, supervision and additional personal protective equipment as required through the work placement that enables the student to perform their work safely. |
| [ ]  | I have been made aware of the nature of the work placement and of any restrictions which apply to the kinds of work the student can be required to perform. |
| [ ]  | I confirm that if the student is travelling in work vehicles, that the vehicles and drivers are currently licensed. |
| [ ]  | I will notify the workplace coordinator as soon as possible if the student is ill, injured, absent without explanation or if there are concerns about the student’s behaviour. |
| [ ]  | I will notify the workplace coordinator immediately if I need to redirect students to another location due to site safety issues requiring immediate attention occurring, for example if asbestos is found on the site |
| [ ]  | I am not aware of anything in the background of any employee who will have close or unsupervised contact with the student that would preclude that person from providing a child safe work environment. |
| [ ]  | **Child related workplace/industries only** - as per the *Working with Children (Criminal Record Checking)* Act 2004 (e.g. child care centres), I confirm that all the employees have their Working With Children Checks (WWCC).  |
|  |  |
| Signature of Host Employer:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  | Date:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  |
| Print Name:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  | Position:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

|  |
| --- |
| **DESCRIPTION OF THE PROPOSED ACTIVITIES - Employer to add, confirm and sign** |
| ***Identification of Potential Risks***  | ***Strategies to Manage Identified Potential Risks*** |
| ***Tasks****(student tasks to be undertaken during placement)* | ***Specific risk/s*** (student or workplace) | ***Employer strategy/ies to manage risk***(Assumes an appropriate workplace preparationhas been undertaken by the school) |
| *Example:* *Manual handling of materials and equipment* | *Example:* *Risk of injury arising from incorrect methods of lifting and replacing heavy items.* | *Example:* * *Instruction provided in workplace induction*
* *Ongoing supervision of student*
 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Work Transport Arrangements (if applicable) |  |  |
| *Students travelling in work vehicles* | *Travelling to different work sites* | *Vehicle is licensed; driver(s) are licensed* |
|  |  |  |

Insert additional rows if required

**Employer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* 1. parent/carer/guardian consent

**Note:**

1. **The parent must have been provided with completed Appendices B1 and B2 prior to filling out this** **consent form.**
2. **Students over the age of 18 years and students designated as ‘independent minors’ may sign their own consent forms.**

|  |
| --- |
| **PARENT/CARER/GUARDIAN CONSENT** |
| Student’s Name: |  | Date of Birth: |
| Contact Number: | Medicare Number: |
| Workplace: | Proposed Dates of Placement:From: To: |
| Details ( or attached) of any adjustment, disability, learning support, medication or factors the host employer should know:  |

|  |  |
| --- | --- |
| Name of person completing form: | Relationship to student: |
| Address: | Telephone: |
| Work Phone: | Mobile: |
| [ ]  | I will notify the school if I have any concerns and the school with follow up and action. |
| [ ]  | I am aware of the contents of the Student and Host Employer Sections of the Student Placement Record. |
| [ ]  | Tick if the placement includes out of hours work. The hours of work are: |
| [ ]  | I agree to make myself available as a contact for my child after normal business hours in the event of an emergency.  |
| OR |
| [ ]  | To fulfil this role, I nominate |  | Telephone |  |
|  | Relationship to student |
| [ ]  | My child requires medication, adjustment, has a disability and/or learning support and I have informed the school of these requirements and consent that this information can be provided to the host employer. |
| [ ]  | I am aware that transport arrangements for my child to and from the workplace are the responsibility of myself and/or my child.  |
| [ ]  | I have been informed of the relevant insurance information in relation to the placement, including information about the Public Liability insurance held by the host employer. |
| [ ]  | I know that my child is aware of all of the transport arrangements which are involved in this placement. |
| [ ]  | I am aware that my child may not be supervised during meal breaks and give permission for my child to leave the workplace during these breaks, including in vehicles driven to a meal provider by workplace colleagues. |
| [ ]  | I consent to my child undertaking the placement outlined in this Student Placement Record.  |
| [ ]  | I know that my child is aware of the actions they can take if they feel unsafe during the work placement, including if they have concerns about the behaviour of the host employer and/or their staff. |
| Signature of Parent/Carer/Guardian:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  | Date:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  |
| Print Name:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  | Signature of Nominee:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  |

* 1. school approval of placement

Note: School approval of the placement is only to be completed after Appendices B1, B2 and B3 have been completed, signed and sighted.

|  |
| --- |
| **SCHOOL APPROVAL OF THE PLACEMENT** |

|  |  |
| --- | --- |
| Student’s Name (or list of Student names): | Date of Birth: |

|  |  |
| --- | --- |
| [ ]  | The placement conforms to the requirements of Department’s *Workplace Learning in Public Schools Procedures* and associated documents and forms***.*** |
| [ ]  | The school will report incidents affecting the safety of students, including near misses, while the student is undertaking workplace learning in accordance with the Department’s *Workplace Learning in Public Schools Procedures*. In accordance with the Department policy, incidents must be reported as soon as possible but within 24 hours. |
| [ ]  | The student(s) is/are aware of whom to contact in an emergency. |
| [ ]  | The host employer has been provided with information about any medication, adjustments, disability, and/or learning support that students require/has and the parents has consented to this information being shared. |
| Signature of workplace coordinator***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | Date:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| *I am satisfied that the arrangements for this placement meet Duty of Care for Public School Students Policy and Workplace Learning for Public Schools Procedures requirements. I approve the student(s) named in the attachment to participate in this program.* |
| Signature of principal/nominee***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  | Date:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  |
| Print Name:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  | Position in school:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  |