



VEHICLE TRAVEL WITH HOST EMPLOYER/SUPERVISOR

(Attach completed form to Student Placement Record)

STUDENT AND SCHOOL/TAFE DETAILS

Student's Name _____ Year Level _____ Date of Birth _____
 School Name _____ TAFE Name _____
 School/TAFE Contact _____ Position _____ Phone _____

PLACEMENT DETAILS

Employer (business) Name _____ Phone _____
 Student's work location address _____ Postcode _____
 Student's supervisor at the workplace _____ Position _____ Phone _____
 Dates of placement _____ Total number of days _____

ROUTINE TRAVEL AS PART OF NORMAL ACTIVITIES **DAILY TRAVEL TO/FROM WORKPLACE**

The following sections are to be completed if the student undertakes vehicle travel with the host employer and/or nominated supervisor/s as part of the proposed workplace learning arrangements.

Taxi Hire Car Employer Vehicle Employee Vehicle

Proposed driver _____ Position _____

Licence type _____ Length of time employed with the host employer _____

Will there be other employee/s travelling in the vehicle? YES NO Changes from day to day

Date/s of proposed travel _____ Approximate departure time _____ return time _____

Travel is between _____ and _____

Purpose of travel if not routine or daily travel and site/s to be visited N/A

HOST EMPLOYER ACKNOWLEDGEMENT

I confirm that

- The proposed driver is licensed for the vehicle they will be driving and, if issued with a provisional licence, complies with relevant peer passenger conditions.
- The proposed driver is not disqualified or suspended from driving; and is not subject to any impediments to his/her ability to drive a motor vehicle or other vehicle (as relevant).
- The vehicle in which the student is to be transported is registered and covered by NSW compulsory third party insurance or interstate equivalent.
- To the best of my knowledge the vehicle in which the student is to be transported is roadworthy, safe for normal road use and suitable for the work-related purpose to which it will be put.
- The number of passengers in the vehicle will not exceed the number of seatbelts.
- I am not aware of anything in the background of the proposed driver that would preclude them from working with a student. I have advised that good safety practice is for the student to travel in the back seat of the vehicle where possible.

Signature _____ Name _____ Position _____ Date _____

STUDENT CONSENT

I consent to undertaking vehicle travel with the host employer and/or nominated supervisor/s as part of the workplace learning arrangements.

Signature _____ Date _____

PARENT/GUARDIAN CONSENT (required if student is aged under 18 years)

I consent to my child undertaking vehicle travel detailed above with the host employer and/or nominated supervisor/s as part of the workplace learning arrangements. I understand my child is covered under the Catholic Education Commission's insurance arrangements for this travel and notwithstanding that cover, my child is also covered under the provisions of the Motor Traffic Accident legislation.

Signature _____ Date _____

SCHOOL CONSENT

I consent to the student undertaking vehicle travel with the host employer and/or nominated supervisor as part of the workplace learning arrangements.

Signature _____ Name _____ Position _____ Date _____