

Student Placement Record

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|---|--|
| <input type="checkbox"/> Original to be held by the EVET provider | <input type="checkbox"/> Copy 3: for the student |
| <input type="checkbox"/> Copy 1: to be held by the school | <input type="checkbox"/> Copy 4: for the parent or carer |
| <input type="checkbox"/> Copy 2: for host employer | |

Student's Name:	EVET provider:	Host Business:
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Tick more than one if applicable:

- Placement with EVET provider
 External Host employer
 Accommodation away from home

Section 1: Student placement summary

Start date _____ Finish date _____ Total number of days _____ Related course/activity _____

Student's starting time _____ Finishing time _____ Lunch break _____ Student's total hours _____

Tick where relevant:
 Block
 One day per week
 Split shifts e.g. Hospitality

Shift details (times/location) _____

EVET provider/Host employer 'onsite' address _____ Contact person _____

Phone _____ Mobile _____

Email _____

Student details

Year (e.g. 10,11) _____ Date of birth _____

Student's mobile no. _____ Medicare no. _____

Details below (or attached) of any adjustment, medication or medical condition (e.g. severe asthma, type 1 diabetes, epilepsy, anaphylaxis or other severe allergy), disability, learning and support need or factors the school or employer should know:

Please tick where applicable:

I am at risk of an anaphylactic reaction and will carry an adrenaline auto-injector, e.g. EpiPen and relevant ASCIA Action Plan. Yes No

The host employer requires evidence of vaccination compliance. Yes No

The placement includes out of normal business hours, e.g. 6-9pm Yes No

If yes, name of student's emergency contact out of normal business hours _____

Parent/carers/other _____ Home Phone _____

Mobile _____ Work Phone (if relevant) _____

- | | |
|---|--|
| <input type="checkbox"/> I have completed all pre-placement activities.
<input type="checkbox"/> I have been issued with a Student Safety & Emergency Contact Card .
<input type="checkbox"/> I know who to contact in case of emergency.
<input type="checkbox"/> I will inform both the host employer & my teacher as soon as possible, if I am unable to attend the workplace.
<input type="checkbox"/> I am aware of my rights and responsibilities.
<input type="checkbox"/> I am aware of the contents of the Privacy Notice on Page 3.
<input type="checkbox"/> I will comply with all reasonable directions of the host employer & their employees.
<input type="checkbox"/> I understand that if I feel unsafe during the placement, I have the right to not undertake the task & report the issue, as soon as possible.
<input type="checkbox"/> If I have access during the placement to business or personal information which is private or confidential, I will not convey that information to any person outside the host employer's workplace. | <input type="checkbox"/> I will not use any mobile device to record conversations, video, or take photos without the permission from the host employer or supervisor.
<input type="checkbox"/> I will inform my supervisor & the EVET provider/school promptly of any injury or accident that involves me.
I understand and will follow the safety requirements for the host work place and will not undertake unauthorised works or activities that may jeopardise the safety of myself or others.
<input type="checkbox"/> I know I must contact my school/EVET provider if I have any concerns about my placement.
<input type="checkbox"/> I understand that there are no negative consequences to me in reporting health & safety issues to my EVET provider/school, the host employer or to my parent(s)carers |
|---|--|

Student signature _____

Date _____

Section 2: School details

School _____	Email _____
Address _____	School phone number _____
School's contact _____	Front office hours _____
Position _____	Contacts phone/mobile during business hours _____

- If relevant, the school will provide a copy of the student's current ASCIA Action Plan or health care plan cover sheet to the EVET provider/host employer and discuss it with them
- The school gives permission for the student to undertake the placement organised by the EVET provider/host employer as outlined in this Student Placement Record
- The school will follow up with the student after the placement to ensure any concerns or incident reporting are addressed
- The travel form is completed, where relevant.
Any adjustments required by the student have been discussed with the student, their parent/carers and the employer.

Student's Name:	EVET Provider:	Host Business:
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Section 3: EVET provider details

EVET provider _____ Email _____
 _____ EVET provider phone number _____
 _____ Office hours _____
 Address _____ **EVET provider nominated** _____
 _____ **contact, position and** _____
 _____ **phone/mobile details** _____
 _____ **during normal business** _____
 _____ **hours** _____

The EVET provider has read *the Guidelines for the External Delivery of VET Courses to Secondary Students (EVET)* and undertakes to ensure that:

- the student is prepared for the workplace to optimise the student's safety and achievement during their placement
- The Workplace Learning Guide for Employers* is used by the EVET provider/host employer
- the student's parents or carers are provided with a copy of *The Workplace Learning Guide for Parents and Carers*
- if the placement involves accommodation away from home, additional preparation occurs and relevant documentation is completed & attached
- the travel form is completed, where relevant.

Section 4: Host employer details, if different from the EVET provider (This first section may be completed by the student)

Name of organisation or trading name _____
 Address _____ Contact person _____
 Position _____ Postcode _____
 Phone _____ Email _____
 Mobile _____ Website _____
 Location of placement (if different from above address) _____
Request is for: HSC VET work placement or Other _____

Section 5: EVET providers who host students for work placement

Type of industry _____ Main activity _____
 Approx no. years in current operation _____ Approximate no. employees at proposed worksite _____
 Government enterprise Private enterprise Self-employed Other _____
 Tick only if you have hosted school students for work experience or work placement in the last 12 months.

Supervision and student hours

Name of the experienced employee who will provide on-going supervision. **The supervisor would not be a trainee or an apprentice.**

Supervisor's name _____ Position _____ Phone number _____
 Student's starting time _____ Finishing time _____ Lunch break _____ Student's total hours _____
Tick where relevant: Block One day per week Split shifts

Shift details and location _____
 Start/finish details _____

Please note: there are a number of hazardous activities which are prohibited for students undertaking placements. These are listed at: [Prohibited activities and activities that need special consideration.](#)

Or see [website](#)

Description of the proposed placement – in detail

See [Completion of the Student Placement Record to meet the Department's standards](#), or see [website](#)

Activities/duties to be undertaken by student _____

Any activities or tasks the student is not to undertake e.g. no-go areas, machinery or equipment that is too dangerous for new or young workers to operate. Please be specific.

Student's Name:	EVET provider:	Host Business:
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Section 5: EVET provider/Host employer placement details (Continued from page 2)

Indicate any risks to the student in the planned activities e.g. manual handling, repetitive activities, exposure to sun, chemicals, fumes, use of particular tools or equipment, proposed horse riding or use of farm vehicles. **Please be specific.**

How will those risks be eliminated or controlled? **Please be specific.**

Special conditions e.g. clothing, footwear, equipment, pre-training, vaccinations, transport, multiple sites, routine car travel & individual student needs.

Please tick if these are available to the student:

Essential: first aid facilities suitable toilet facilities drinking water
 Other: lunch room staff canteen lockers

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

EVET provider/Host employer/workplace supervisor to complete the following declaration:

- I have read the relevant Workplace Learning Guide for Employers and am aware of the EVET providers host 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 WHS risks have been assessed and managed in accordance with the requirements of the *Work Health and Safety Act 2011 (NSW)*.
- I will check any health care concerns with the student and ensure they and their supervisor knows what to do in the case of a medical event i.e. Where the student will keep their medication, e.g. an adrenaline auto-injector-EpiPen.
- I will consult and cooperate with the EVET provider/school and will notify the school immediately of any health and safety incidents involving a student while on placement, including near misses, to enable the school to fulfil its WHS obligations.
- 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 in relation to the placement.
- I will notify the EVET provider/school if the student is ill, injured, absent without explanation or behaving inappropriately.
- I will notify the EVET provider/school immediately if I need to change sites, redirect students to another location or find asbestos on the site.
- I have read and understood the special responsibilities associated with working with children and young people as detailed in the section related to child protection in the relevant Workplace Learning Guide for Employers. I understand students must report incidents to their school.
- 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

Position

Privacy notice-for all parties

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 EVET provider and 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/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 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 EVET provider and the student's school representative.

Student's Name:	EVET provider:	Host Business:
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Section 6: Parent/carer permission (Must be completed for students aged under 18 years)

Name _____ Relation to student _____
 Address _____ Mobile _____ Work Phone _____
 (Optional)
 Home Phone _____ Postcode _____
 Contact phone number after normal business hours _____ Email _____

- I have read [The Workplace Learning Guide for Parents and Carers](#) and understand my role and responsibilities.
- I have read the Additional Information for Parents regarding the insurance and indemnity arrangements as outlined on Page 2. See [Additional Information for parents](#).
- I will immediately notify the EVET provider and the school if I have any concerns and the school will follow up and action.
- I am aware of the contents of the Privacy Notice on Page 3.

Tick if the placement includes out of normal business hours e.g. 6-9pm.
 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 child 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 relationship to my child is _____ and they have accepted these responsibilities.

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

The workplace requires evidence of vaccination compliance. No Yes (Please ring the school for more information).

Tick if my child has the following medication, medical condition, (e.g. severe asthma, type 1 diabetes, epilepsy, anaphylaxis or other severe allergy) disability or learning and support need that may affect their safety during the placement. _____ Or N/A
 if so what support or adjustment do you think your child will need to make their placement successful? _____
if more space is needed, please attach the information

I understand that if my child is diagnosed as being at risk of anaphylaxis, I will provide an adrenaline auto-injector for my child for the placement. My child has a current ASCIA Action Plan or individual health care plan Yes No
 I consent to a copy being provided by the school to the EVET provider / host employer e.g. health care plan cover sheet. Yes No

- Tick if the placement choice includes **overnight accommodation away from home**. I understand this will need special approval and additional documentation.
- I consent to my child in Year _____ undertaking the placement outlined on this Student Placement Record.

Where relevant: Years 11-12: signature/date of adult approved by the Parent to be after the normal business hours contact

Signature of parent/carer _____ **Date** _____

Section 7: EVET provider approval of the placement

- The student has been prepared for the workplace by the EVET provider 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](#).
 - The EVET RTO will advise the school of any incidents affecting the safety of students, including near misses, while undertaking workplace learning. This will enable the school to implement the [department's Incident Reporting Policy and Procedures](#). In accordance with the policy, incidents must be reported as soon as possible but within 24 hours.
 - The student has been issued with a Student Safety and Emergency Contact Card and trained how to use it by the EVET provider in collaboration with the school.
 - If medical information, support or adjustments are to be provided this has been shared with the host employer where relevant. If the student is diagnosed as being at risk of anaphylaxis, the EVET provider has confirmed with the school that the parent or career has provided an adrenaline auto-injector for their child for the placement.
 - The school has provided a copy of the student's current ASCIA Action Plan or health care plan cover sheet to the host employer and has discussed it with them.
 Tick: N/A Yes No
 - The EVET provider will undertake a phone call or supervisory visit during the placement and follow up with the student after placement.
- I am satisfied that all of the above have been completed and that all parts of this Student Placement Record are complete and signed as required and that the placement is suitable for this student.

EVET provider contact or nominee _____ **Date** _____

_____ **Position in EVET provider**

Section 8: School approval of the placement

- Where the placement mandates a general construction induction training card/"white card", it has been sighted.
 - Where the placement involves accommodation away from home, relevant documentation is completed and attached.
 - Where the host employer has asked to be contacted, the EVET provider/host employer has/has not been contacted. See the tick box on page 3.
 - A member of staff will undertake a phone call or supervisory visit to the employer and student to check on their program and safety.
- I am satisfied that all of the above have been completed and that all parts of this Student Placement Record are complete and signed as required and that the placement is suitable for this student.

Signature of Principal/Nominee _____ **Date** _____

_____ **Nominee Position in School**