

Student's Name: «StudentFN» «StudentLN»	School: «SchoolName»	Host Business: «HostName»
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Section 3: Host employer details (This first section may be completed by the student)

Name of organisation or trading name «HostName»

Address «HostAddress1» «HostAddress2» Contact person «ContactFN» «ContactLN»
«HostSuburb» Position «ContactPosition»
«HostState» Postcode «HostPostcode» Phone «ContactPhone»
 Email «ContactEmail» Mobile «ContactMobile»
 Website «HostWeb» Fax «HostFax»

Location of placement (if different from above address) _____

Request is for: HSC VET work placement or Work experience or Other _____

Dear Host Employer:
 Please 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 keep a file copy as a guide for any future placements. Thank you

Overview

Type of industry «IndustryGroupDesc» Main activity «Vocation»

Approx no. years in current operation «HostYearsOperation» Approximate no. employees at proposed worksite «HostNumberEmployees»

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 «SupervisorFN» «SupervisorLN» Position «SupervisorPosition»

Student's starting time _____ Finishing time _____ Lunch break _____ Student's total hours «NumberOfHours»

Tick where relevant: Block One day per week Split shifts

Shift details and location _____

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.](#)

Description of the proposed placement – in detail

Activities/duties to be undertaken by student _____
«StudentDuties»

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.
«RiskTasksAvoid»

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**
«RiskPotential»

How will those risks be eliminated or controlled? Please be specific. Eg WHS Induction on Day 1
«RiskControl»

Special conditions e.g. clothing, footwear, equipment, pre-training, vaccination, transport, multiple sites, routine car travel & individual student needs.
«DressRequirements» (Other Conditions : «RiskConditions»)

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Section 3: Host employer details (Continued from page 2)

Please tick if these are available to the student:

Essential:	<input type="checkbox"/> first aid facilities	<input type="checkbox"/> suitable toilet facilities	<input type="checkbox"/> drinking water
Other:	<input type="checkbox"/> lunch room	<input type="checkbox"/> staff canteen	<input type="checkbox"/> lockers

Host employer/workplace supervisor to complete the following declaration:

- I have read *The AISRTO 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 WHS risks have been assessed and managed in accordance with the requirements of the *Work Health and Safety Act 2011 (NSW)* and completion of the *Student Placement Record*.
- 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 school and will notify the school immediately of any health and safety incidents involving a student while on placement, including near misses
- 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 school if the student is ill, injured, absent without explanation or behaving inappropriately.
- 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 AISRTO 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.
- I am aware of the specific restrictions and prohibited activities for students and will ensure students are not asked to carry out any of these activities.
- 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.

Signature of host employer/workplace supervisor

Date

Print Name

Position

Privacy notice-for all parties

Approved work placement is an educational program of this school. Personal information collected is for the purpose of program management, including the discharge of the school's duty of care inclusive of statutory child protection requirements.

All personal information is collected in accordance with the school Privacy Policy. For further information contact the School Principal.

Section 4: Parent/Carer permission (Must be completed for students aged under 18 years)

Name «GuardianFN» «GuardianLN»	Relation to student	«GuardianRelationshipTypeDesc»
Address «StudentAddress1» «StudentAddress2» <i>(optional)</i>	Mobile	«GuardianMobile» Work Phone «GuardianPhone»
«StudentSuburb»	Home Phone	«StudentPhone» Medicare no. «GuardianMedicareNumber»
«StudentState» Postcode «StudentPostcode»	Contact phone number after normal business hours	

- I have read *The AISRTO Workplace Learning Guide for Parents and Carers* and understand my role and responsibilities
- I will immediately notify 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: _____

Tick if the student 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.

If so what support or adjustment do you think your child will need to make their placement successful? _____

I understand that if the student is diagnosed as being at risk of anaphylaxis, I will provide an adrenaline auto-injector for the student for the placement. The student 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 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 «StudentYearLevel» undertaking the placement outlined on this Student Placement Record

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

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 *AISRTO Employer, Parent and Student Guides to Workplace Learning*.
 - The student has been issued with a personal Student Safety and Emergency Contact Card and trained how to use it.
 - If medical information, support or adjustments are to be provided this has been shared with the host employer. If the student is diagnosed as being at risk of anaphylaxis, the school has confirmed that the parent or carer has provided an adrenaline auto-injector for their child for the placement.
 - The School has provided a copy of the student's ASCIA Action Plan or health care plan cover sheet to the host employer and has discussed it with them.
Tick: N/A or YES NO
 - Where the placement involves accommodation away from home, relevant documentation is completed and attached.
 - Where the employer has asked to be contacted, the employer has/has not been contacted by phone/visit. See last tick box on page 3.
- 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** _____

Print Name _____ **Nominee Position in School** _____