

SECTION 2: ABOUT THE WORKPLACE

The Workplace Learning Provider completes this section and the declaration in section 3.1.

2.1

WORKPLACE LEARNING PROVIDER DETAILS

Workplace learning provider business name:	Workplace learning provider business address
Workplace key contact name:	On-job site address (or as above)
Workplace key contact email:	On-job supervisor name:
Workplace key contact phone:	On-job supervisor phone:

2.2

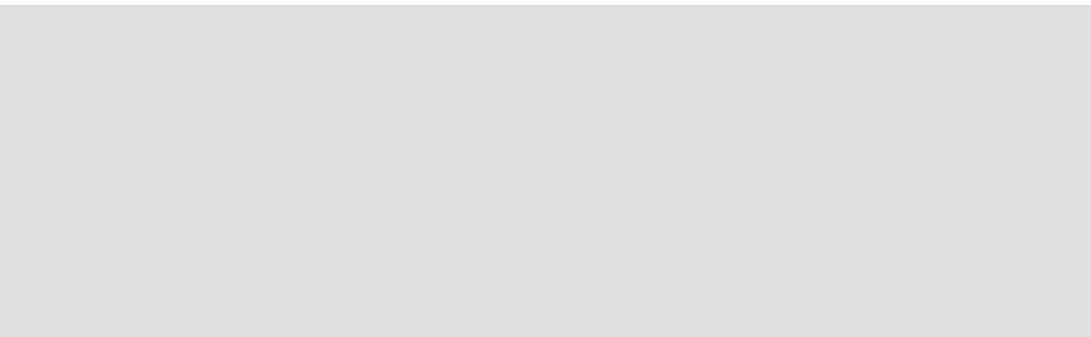
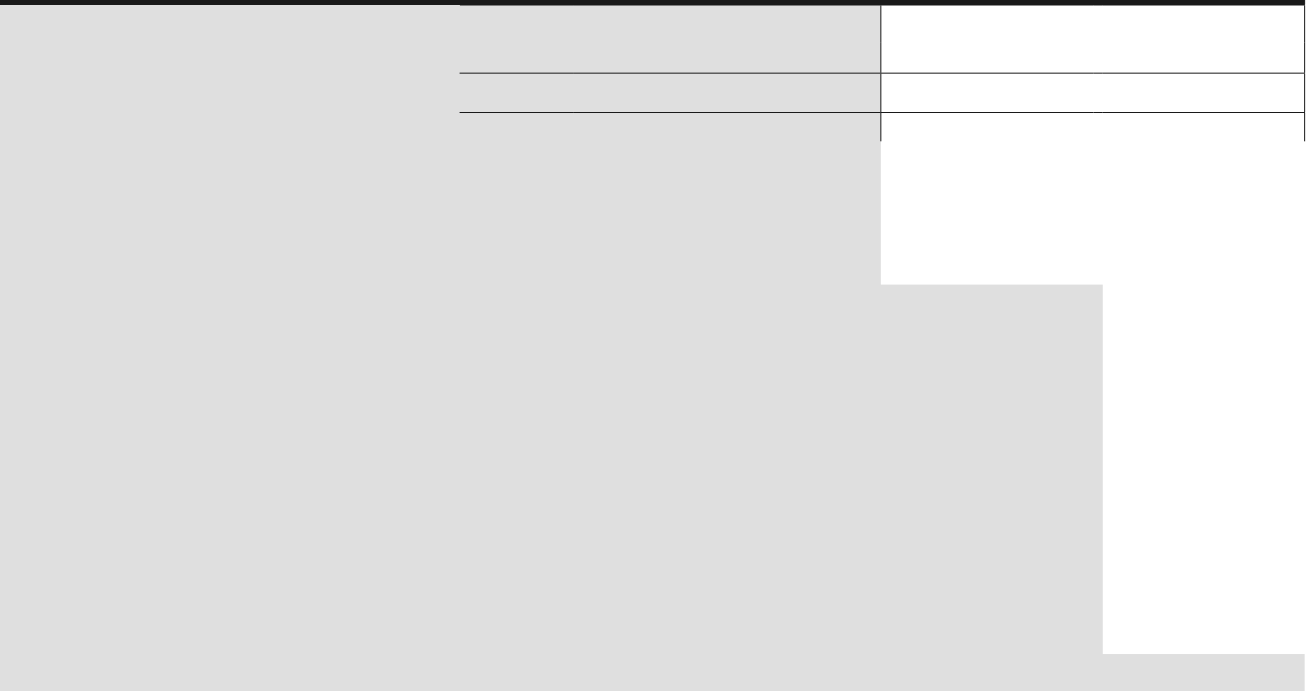
WORK PLACEMENT STRUCTURE

Option 1: Block placement – 5-10 consecutive days (or N/A where appropriate)

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Start and finish time					
Break time(s)					
Date					
Start and finish time					
Break time(s)					

Option 2: Reoccurring placement – e.g. 1 day per week

Day(s):



2.6 WORKPLACE INSURANCE

While a student is participating in the work placement, they are covered by:

- the Department for Education self-insurance arrangement (students enrolled in government schools)
- the school's personal accident and public liability insurance policies (students enrolled in non-government schools)

2.6.1 I certify that, the work placement provider: (tick one)

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3.2 STUDENT DECLARATION

I agree that I:

- am willing to learn and participate in the workplace learning described in this document.
- will complete WHS training before placement to understand my role and responsibilities in the workplace.
- agree that the work placement described in this document is safe and suitable for me.
- understand the transport requirements, dress code, and personal protective equipment (PPE) requirements for the work placement.
- will contact my school and my work placement if I am unable to attend placement for any reason.
- will contact my school if I have concerns or questions about my work placement.

Student name:	Signature:	Date:

3.3 PARENT, CAREGIVER, OR INDEPENDENT STUDENT DECLARATION

I give permission for:

- the student to undertake the workplace learning under the conditions described in this document.
- the workplace supervisor to obtain the services of a suitably qualified medical practitioner, and to convey the student to an appropriate place for treatment, including the use of an ambulance, where an emergency contact or I cannot be reached.

I am satisfied that:

- the student is eligible and willing to participate in workplace learning.
- the student has the capacity to communicate their needs and keep themselves and others safe while on work placement.

I undertake:

- to cover the co-PARENT, CAREGIVER, OR INDEPENDENT school and the v,7 (cep693.4498 Tacity to c62 0 | S Q 0)8 (e:)]TJa 0 | S 5

WORKPLACE LEARNING AGREEMENT FORM AMENDMENTS

All amendments to workplace learning are to be agreed, dated, and recorded in this section or a new form. The student's school is responsible for recording amendments and sharing this information to all stakeholders in writing or email. Any amendments must be stored alongside the original agreement.

Where the workplace learning provider (employer) or the parent/caregiver/student requests an amendment to be made, they must inform the school so that relevant information can be documented.