

## 2. Workplace Learning Agreement Form

Space for School LOGO

# Workplace Learning Agreement Form

This document is to be referenced against the *Workplace Learning Guidelines 2004* DECS form ED258

School Name		School Contact Person	
School Address	Ph (08)	Fax (08)	Mobile
Suburb/town	P/code	Email	website

### Section A: Student Details

**Student is to complete all boxes in this section, carefully note the declaration below, then sign and date it.**

Family Name  Year Level

Given Name  Birth Date

#### Student's Emergency Contact

Name:

*(Parent / Caregiver / Other)*

Address:

Phone:     
*Home Work Mobile*

Any special medical condition, medication or disability that may affect this student on work placement

As a student on work placement, I agree to attend the workplace at the agreed time and days or to notify both my workplace supervisor and the school promptly if I am unable to do so. I shall be appropriately dressed and comply with all reasonable directions. I shall promptly inform the workplace supervisor and the school of any incident or accident. I am aware that, in case of need, I may contact my supervising teacher or school.

Student's Signature  Date:  /  / 20\_\_

#### Type of Work Placement

Work Experience  Structured Workplace Learning Name of VET Course or Industry Area   
(tick relevant box)

#### Placements Dates

Date of Placement  /  / 20\_\_  /  / 20\_\_  
*From To or*  
     
*Start Time Lunch Time Finish Time Specify Other Arrangements*

### Section B: Parent / Caregiver / Student 18 Yrs+ / Student Living Independently\*

**Parent / Caregiver/special student\* to carefully note, then complete, sign and date the relevant sections below**

I give permission for *(insert student's name)* \_\_\_\_\_ to be involved in the work placement program on the understanding that, in the event of illness or accident, the emergency contact shall be notified as soon as possible. If they cannot be contacted, I authorize the person in charge to obtain the services of a suitably qualified medical practitioner and to convey the student to a place suitable for treatment. I undertake to cover the costs of any unmet expenses incurred. I understand that I am responsible for transportation and any costs associated with the student travelling to and from the work placement. I have read and understood the information brochure entitled "Undertaking a Workplacement – Information for students and parents/caregivers".

Parent's/Caregiver's Signature  Date  /  / 20\_\_  
(or student as per category listed above)

Name (Block Letters Please)

\* Note: 'Student Living Independently' refers to those receiving Youth Allowance and those the school recognizes as being responsible for their own education and living arrangements. Through the Contract of Necessity, they can sign for themselves for essential services. (Page 1 Of 2)



## Section C1: Work Placement Provider Details

**Workplace provider to complete all sections in BLOCK PRINT**

Firm Name	<input type="text"/>	Phone	<input type="text"/>
Firm Address – Street	<input type="text"/>	P/code	<input type="text"/>
Suburb/town	<input type="text"/>		
Contact Person	<input type="text"/>	More than 3 employees	<input type="checkbox"/> Y <input type="checkbox"/> N
569B Contact No	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Phone	Fax	Mobile
Location of Placement (If different from above)	<input type="text"/>		
Tasks to be Performed	<input type="text"/>		
Special Conditions (eg special clothing / safety equipment)	<input type="text"/>		

## Section C2 Work Placement Provider

**Workplace provider to carefully note then sign and date the relevant section below**

**I agree to accept** this student on work placement and to plan an appropriate program for their placement. All reasonable precautions will be taken in the workplace to ensure the health, safety and welfare of the student in a non-discriminatory and harassment free working environment. I will notify the school in the case of student illness, accident, inappropriate behaviour or any unexplained absence.

**Those work placement providers** who are mandated notifiers agree to acknowledge their responsibility under the Children's Protection Act 1993. All other work placement providers are reminded of their moral responsibility to report any suspected child abuse.

**I understand the student** will not be paid or given a reward of any description for work performed during the placement and will not be used to replace a paid or striking worker or be used to my advantage in industrial disputes.

**I understand** the student will be visited or telephoned by a teacher/staff member during the placement and that the student will not be involved with any tasks prohibited by insurance or legislation. The work placement provider, the school, the student or parents/caregivers may cancel the work placement at any time without notice.

**I certify that** Occupational Health, Safety and Welfare practices, procedures and systems are in place including the induction of people new to the work place.

### Insurance Arrangements

**I understand** that while a student is participating in the work placement program he/she is covered by:

- DECS' self insurance arrangements in the case of students enrolled in government schools.
- The school's personal accident and public liability insurance policies in the case of students enrolled in non-government schools.

**I certify** that this work placement provider has a current public liability or protection and indemnity insurance policy **OR** I certify that this work placement provider is a large corporation, statutory authority, government department or instrumentality, and stands its own risk in terms of public liability in the event of injury to the student or damage or injury to a third party arising from the actions of the student, but which is attributable to negligence on the part of the proprietor or his/her employees or agents.

### Employer Approval for SA Unions Notification - (not required for Independent Schools)

**I agree to** the school informing the SA Unions of the business name of this work placement provider and its location to assist in maintaining the highest standard of this student work placement.

**I do not agree** to this information being passed onto the SA Unions.

Work Placement Provider's Signature

Date

\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

## Section D: Principal / Principal's Delegate

**To be signed and dated by the School Principal or Principal's Delegate once all other sections have been completed**

I give permission for this student to undertake a work placement with the above named work placement provider in accordance with the governing *Workplace Learning Guidelines 2004*.

(Tick when applicable)  I am aware this student is 14yrs of age and I approve the special arrangement of this work placement.

Principal / Principal's Delegate:

Date:

\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

\*\*\* Note: This form is not to be altered or changed except for the addition of an individual school logo and/or address.

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There must be three copies of this document completed and signed prior to the commencement of the work placement :

- The original form is returned to and kept by the school,  a copy is forwarded to workplace provider,  a copy is provided to the student.