

# Student Placement Record

- Original to be held by the school
- Copy 1: for the host employer
- Copy 2: for the student
- Copy 3: for the parent or carer

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Host Business: \_\_\_\_\_

*Tick more than one if applicable:*

- HSC VET work placement     
  Work experience     
  Other     
  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) \_\_\_\_\_

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. (NEW)       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/carer/other \_\_\_\_\_ Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_ Work Phone (if relevant) \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> I have completed all pre-placement activities.<br><input type="checkbox"/> I have been issued with a <b>Student Safety &amp; Emergency Contact Card</b> .<br><input type="checkbox"/> I know who to contact in case of emergency.<br><input type="checkbox"/> I will inform both the host employer & my teacher as soon as possible, if I am unable to attend the workplace.<br><input type="checkbox"/> I am aware of my rights and responsibilities.<br><input type="checkbox"/> I am aware of the contents of the Privacy Notice on Page 3.<br><input type="checkbox"/> I will comply with all reasonable directions of the host employer & their employees.<br><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.<br><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.<br><input type="checkbox"/> I will inform my supervisor & the school promptly of any injury or accident that involves me.<br><input type="checkbox"/> I understand my responsibilities during the placement to support work, health & safety in the host workplace. I know I must not do anything to jeopardise the safety of myself or others.<br><input type="checkbox"/> I know I must contact my school if I have any concerns about my placement.<br><input type="checkbox"/> I understand that there are no negative consequences to me in reporting health & safety issues to my school, the host employer or to my parent(s)/carers. |
|---|--|

**Student signature**

**Date**

## Section 2: School details

School \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

School phone number \_\_\_\_\_

Front office hours \_\_\_\_\_

**School's nominated contact, position and phone/mobile details during normal business hours** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The school undertakes to ensure that:

- the student is prepared for the workplace to optimise the student's safety and achievement during their placement
- the employer is provided with a copy of *The Workplace Learning Guide for Employers*
- 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. (NEW)

Student's Name:	
School:	Host Business:

### Section 3: Host employer details (This first section may be completed by the student)

Name of organisation or trading name \_\_\_\_\_

Address \_\_\_\_\_ Contact person \_\_\_\_\_  
 \_\_\_\_\_ Position \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_ Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Mobile \_\_\_\_\_  
 Website \_\_\_\_\_ Fax \_\_\_\_\_

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. If more space is needed please attach the information. 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 \_\_\_\_\_ 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 \_\_\_\_\_

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 <https://www.det.nsw.edu.au/vetinschools/worklearn/ProhibitedActivities.html>

#### Description of the proposed placement – in detail

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

<https://www.det.nsw.edu.au/vetinschools/worklearn/worklearnpolicy.html>

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.**

**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, vaccination, transport, multiple sites, routine car travel & individual student needs.**

Student's Name:

School:

Host Business:

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

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.

#### Host employer/workplace supervisor to complete the following declaration:

- I have read [The 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 to meet the Department's standards](#).
- I will check any health care concerns with the student and ensure they and their supervisor know 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, to enable the Department of Education 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 school if the student is ill, injured, absent without explanation or behaving inappropriately.
- I will notify the 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 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.

Additional Information for Employers is available at:

<https://www.det.nsw.edu.au/vetinschools/worklearn/worklearnpolicy.html> or scan the QR code opposite.



**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 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 two 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 teacher in charge of the student's workplace learning program at the student's school.

Student's Name:	
School:	Host Business:

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

Name \_\_\_\_\_ Relation to student \_\_\_\_\_  
 Address \_\_\_\_\_ Mobile \_\_\_\_\_ Work Phone \_\_\_\_\_  
 (optional) \_\_\_\_\_ Home Phone \_\_\_\_\_ Medicare no. \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_ Contact phone number after normal business hours \_\_\_\_\_  
 Email \_\_\_\_\_

- I have read [The Workplace Learning Guide for Parents and Carers](https://www.det.nsw.edu.au/vetinschools/worklearn/worklearnpolicy.html) and understand my role and responsibilities. Additional information for parents and carers is available at: <https://www.det.nsw.edu.au/vetinschools/worklearn/worklearnpolicy.html>
- 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: \_\_\_\_\_

The workplace requires evidence of vaccination compliance.  No  Yes (Please contact 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 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

**Signature of parent/carer** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**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 Department's [Workplace Learning Policy and Associated Documents and Forms](#).
- The school will report incidents affecting the safety of students, including near misses, while undertaking workplace learning in accordance with 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 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 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
- Where the placement mandates a general construction induction training card/"white card", it has been sighted. (NEW)
- 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 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** \_\_\_\_\_

\_\_\_\_\_ **Nominee Position in School**

**Print Name** \_\_\_\_\_