

## **Work Experience Arrangement Form**



	na Training Reform Act 2006 – N	iinisteriai Order 362: Work Ex	perience Arrangements (Schools)	
STUDENT DETAILS				
Surname		First Name		/ /
School Name and Address				
	Postcode	Telephone		
Work Experience Coordinator			Student Year Level	
IN CASE OF AN EMERGENCY, EXPERIENCE COORDINATOR:		NTACT THE STUDENT'S PA	RENT OR GUARDIAN AND THE WORK	
Name (Parent/Guardian)				
Address			Postcode	
Tel. (Home)	(Work)		(Mobile)	
Emergency contact (Name and T	<sup>-</sup> el.)			
	urpose. Health information wi	II be provided if the Studen	on of Work Experience Arrangements only t has a medical condition or requires med	
WORK PLACEMENT DETAI	LS			
Employer (business) name		Tel		
Business address			Postcode	
Type of industry				
Student's work location address			Postcode	
Activities the student will underta	ke (if insufficient space, attach s	eparate sheet)		
Work Experience hours	am / nm to	am / nm: on □ Monday □ Tue	sday 🗆 Wednesday 🗅 Thursday 🗅 Friday	
from (commencement date)	ann pin, to	to (completion date)	Total number of days	
Rate of payment \$			Total Hamber of days	
EMPLOYER ACKNOWLEDG		- ,		
		bobalf of the Employer if Empl	oyer is an incorporated body] agree that:	
1. I understand occupational health and safety legislation and standards relevant to the conduct of my undertaking and will comply with these laws				
and standards with respect to the Student as if the Student were my employee.  I will identify all hazards relevant to the conduct of my undertaking and will assess and control all related risks. If I have not controlled all related				
	of this fact prior to the Work Expe			
3. I have read and understood t	he Department of Education and	Early Childhood Developmen	t Work Experience Guidelines for Employers. If for the Student to maintain a safe and health	

- Experience Arrangement at all times.

  4. I will consider and take into account the competency, maturity and physical capabilities of the Student in relation to all activities he or she will undertake. The Student's program of activities will be planned and carried out with these considerations in mind.
- 5. I will nominate a Supervisor (or Supervisors) of the Student who will be responsible for ensuring that my obligations as the Student's Employer
- 6. I will provide appropriate information, training, instruction and supervision to the Student in respect of occupational health and safety and will provide any equipment and/or clothing which is required to comply with my duty of care toward the Student.
- 7. I will ensure that the Work Experience is undertaken in a non-discriminatory and harassment free environment.
- 8. I will permit access to the workplace and contact with the Student by the Principal or the Work Experience Coordinator at any reasonable time during the Work Experience Arrangement.
- 9. I will ensure that the Work Experience Arrangement is not used as a substitute for the employment of employees or the engagement of contractors and the payment of appropriate wages or fee for services to employees or contractors respectively.
- 10. I will ensure that the maximum number of students in the workplace does not exceed one Student for every three employees.
- 11. If I have sought to engage more than the permitted number of Work Experience Students, I confirm that direct supervision will be provided for all Students.
- 12. Where the Principal has disclosed any necessary health information in relation to the Student I confirm that I will maintain the confidentiality of that health information and only disclose this information to another party if treatment is required for a known medical condition or in the case of a medical emergency.
- 13. I will notify the Work Experience Coordinator as soon as is possible if the Student is absent, injured or becomes ill in the course of undertaking the Work Experience.
- 14. I will consult with the Principal if I consider it necessary to terminate the Arrangement before the specified time.
- 15. I will advise the Principal if the industry to which this Arrangement relates includes potential exposure of the Student to scheduled carcinogenic substances and/or other hazardous substances as defined in the Occupational Health and Safety Regulations 2007.

## If the Student is a Child (under 15 years of age):

- 16. I confirm that I have obtained a Child Employment Permit and that any Supervisor has a current Assessment Notice and provide certified copies of these to the Principal.
- 17. I will advise the Principal immediately if there is a relevant change in circumstances with respect to a Supervisor as specified in section 20(2) of the Working With Children Act 2005 (Vic) including, if the Supervisor is charged with, convicted of or found guilty of a relevant offence, becomes subject to reporting obligations, an extended supervision order, supervision order, detention order or if a relevant finding is made against the Supervisor.
- 18. I will notify the Principal immediately if a Supervisor is issued with an interim negative notice or a negative notice within the meaning of section 3 of the Working with Children Act 2005.

I understand and accept the responsibilities set out above. Following the Principal's review of these details, I understand that he or she will determine whether or not the Student will undertake the Work Experience Arrangement proposed here.

Signature	Date / /
Sidilature	Dale / /

STUDENT AGREEMENT					
I, agree to take part in this Work Ex	perience Arrangement and to:				
acarry out all reasonable and lawful directions of the Employer and perform	n my work to the best of my ability;				
comply with all reasonable workplace rules and requirements governing s					
attend at the workplace on each day at the agreed time;					
inform both the Employer and the Work Experience Coordinator as soon a	as possible if I am unable to attend work;				
promptly inform the Employer of any accident, injury or incident that may	occur;				
☐ dress appropriately for the workplace;					
agree that no payment will be made to me if the placement is with a Commonwealth Department or a body established under a Commonwealth Act;					
give my consent to donating back payment where the placement is with an organisation engaged wholly or mainly in an educational, charitable or community welfare service not conducted for profit and where I have determined that the whole of my payment will be donated back to the organisation.					
Students aged 18 years and over:					
☐ I agree to inform the Employer of any necessary medical information, including details of any known medical condition which may affect me and any medication or treatment which may be relevant.					
☐ I understand that I am responsible for my transport to and from the workp	lace.				
I understand that the Principal will determine whether or not I will undertake Work Experience. I acknowledge that prior to commencing the placement under this Arrangement I will complete the occupational health and safety program required by the Department of Education and Early Childhood Development.					
Student's signature	Date / /				
PARENT/GUARDIAN AGREEMENT AND CONSENT (Not required	if the student is aged 18 years or over)				
I, consent to my child taking part in this	Work Experience Arrangement and I:				
agree that he or she will be subject to the direction and control of the Emp					
understand that all reasonable care for the health and safety of my child will be taken by the Employer and nominated Supervisor(s);					
expect my child to comply with all reasonable workplace rules and requirements governing safety and behaviour; understand that I am responsible for my child's transport to and from the workplace;					
agree that no payment will be made to my child if the placement is with a					
Commonwealth Act;					
give my consent to my child donating back payment where the placement is with an organisation engaged wholly or mainly in an educational, charitable or community welfare service not conducted for profit and where my child has determined that the whole of his or her payment will be donated back to the organisation;					
understand that I will be notified as soon as possible in the event of illness of or accident to my child, but where it is impracticable to communicate with me I authorise the person in charge at the workplace of the employer to consent to my child receiving such medical and surgical treatment (including the administration of an anaesthesia) as may be deemed necessary by a legally qualified medical practitioner, and administer such first-aid as is judged to be reasonably necessary;					
attach details of any known medical condition which may affect my child,	and any medication or treatment which may be relevant;				
give my consent to the release of any necessary health information in relation to my child by the Principal to the Employer, for which the Principal is aware of and may disclose pursuant to the <i>Health Records Act 2001</i> (Vic).					
I understand that the Principal will determine whether or not my child will under	ertake Work Experience.				
Signature	□ Parent or □ Guardian Date / /				
WORKSAFE INSURANCE AND PUBLIC LIABILITY INSURANCE					
The Student is covered for WorkSafe Insurance by the Department of Education and Early Childhood Development (State of Victoria). The Student is covered by public liability insurance in accordance with Ministerial Order 382 – Work Experience Arrangements, for the arrangement taken out by the party indicated below (Principal to tick the appropriate box):					
☐ Department of Education and Early Childhood Development	☐ Non-Government school ☐ Employer				
NOTE: PUBLIC LIABILITY INSURANCE Public liability insurance of at least \$10 million cover per event must be held or taken out, prior to the Student commencing Work Experience under					
the Arrangement: i. when an Arrangement is entered into by a Principal of a Government Sc	hool in respect of a Government School student, by the Department of				
Education and Early Childhood Development with the insured being the	Student and the Employer.				
ii. when an Arrangement is entered into by a Principal of a Non-Government School in respect of a Non-Government School student – either:  a. by that School, with the insured being the School and the Student; or					
b. by the Employer, with the insured being the Employer and	I the Student, if the Principal of that School has advised the Employer at k experience that the School does not have public liability insurance as				
PRINCIPAL CONSENT					
I,Principal of					
enter into an Arrangement for the above named Student of this school to be engaged for the purpose of Work Experience by the Employer named above in accordance with the provisions of the <i>Education and Training Reform Act 2006</i> and Ministerial Order 382 – Work Experience Arrangements, and on the basis of the information provided above and the employer's acknowledgements. I confirm that I have informed the Employer as to whether this school holds public liability insurance. I will ensure that the above mentioned student will complete the required occupational health and safety program prior to commencing the placement under this Arrangement.					
2332 para mara mara daraty program prior to commoning the placement					
Principal's signature	Date / /				