Work Experience Travel and Accommodation Form

***Education and Training Reform Act 2006* – Ministerial Order 1413: Work Experience Arrangements (Schools)**

STUDENT DETAILS

First Name _____ Last Name _____

Date of Birth / / Year Level _____

School Name and Address _____

_____ Postcode _____ Telephone _____

Work Experience Coordinator Name _____

IN CASE OF AN EMERGENCY, THE EMPLOYER SHOULD CONTACT THE STUDENT'S PARENT/CARER AND THE WORK EXPERIENCE COORDINATOR:

Parent/Carer Name _____ Contact Number _____

Additional Emergency Contact Name _____ Contact Number _____

PRIVACY INFORMATION: The information provided on this form is for the administration of Work Experience Arrangements only and is not to be used for any other purpose. This information must be kept confidential.

WORK PLACEMENT DETAILS

Employer (business) name _____ Telephone _____

Business address _____ Postcode _____

Employer email address _____

Student's work location address _____ Postcode _____

Workplace contact person _____ Supervisor _____

Hours _____ am / pm, to _____ am / pm; on ❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday ❑ Saturday ❑ Sunday

from (commencement date) _____ to (completion date) _____ Total number of days _____

If insufficient space for dates and hours, please attach an additional sheet.

TRAVEL WITH EMPLOYER

The following sections are to be completed only if the Student is required to undertake vehicle travel with the Employer and/or nominated Supervisor/s as part of this Arrangement.

EMPLOYER ACKNOWLEDGEMENT

I, _____ [name of individual, or on behalf of the employer if employer is an incorporated body] will ensure that, if the student is required to undertake travel:

- the driver has a current and valid Australian driver's licence relevant to the vehicle the driver uses;
- the driver is not disqualified or suspended from driving;
- the driver is not subject to any other impediments to their ability to drive a motor or other vehicle (as relevant);
- the vehicle in which the Student is to be transported is comprehensively insured; and
- to the best of my knowledge the vehicle in which the Student is to be transported is roadworthy, safe for normal road use and suitable for the work-related purposes to which it will be put.

Signature _____ Date / /

PARENT/CARER CONSENT (if Student is aged under 18 years)

I, _____, consent to my child undertaking vehicle travel with the Employer and/or nominated Supervisor/s as part of this Arrangement.

Signature _____ ❑ Parent ❑ Carer Date / /

STUDENT CONSENT (if aged 18 years or over)

I, _____, consent to undertaking vehicle travel with the Employer and/or nominated Supervisor/s as part of this Arrangement.

Signature _____ Date / /

ACCOMMODATION ARRANGEMENTS

The following sections are to be completed only if the Student is required to stay at accommodation other than their normal place of residence for the purpose of this Arrangement.

ACCOMMODATION DETAILS

Who will the Student be staying with?

❑ Parent/Carer
❑ Other family member/s (e.g. grandparent, older sibling) – please specify _____
❑ Friends of the family
❑ Employer

Name of person responsible for supervising student at accommodation _____

Accommodation address _____ Postcode _____

Telephone: Business Hours _____ After hours _____ Length of stay _____

Travel arrangements to and from the workplace _____

PARENT/CARER CONSENT (if the Student is aged under 18 years)

I, _____,

- consent to my child staying at accommodation other than their normal place of residence for the purposes of this Arrangement;
- confirm that the accommodation arrangements as outlined above are suitable; and
- understand that I am responsible for the control and care of my child at all times while they are not under the care and control of the Employer, or any other person.

Signature _____ ❑ Parent ❑ Carer Date / /

STUDENT CONSENT (if aged 18 years or over)

I, _____,

- agree to stay at accommodation other than where I normally live so that I can complete this structured workplace learning arrangement;
- agree the accommodation described above is suitable for me; and
- understand that I am responsible for my actions and for looking after myself at all times while I am not under the care and control of the Employer, or any other person.

Signature _____ Date / /