

# WORKPLACE LEARNING AGREEMENT FORM

The Workplace Learning Agreement form must be completed prior to a student undertaking any type of workplace learning as defined by the relevant sector's Workplace Learning Procedures.

## SCHOOL DETAILS

School name:	School contact name:	
Email:	Mobile:	Phone:
Address:		

## TYPE OF WORK PLACEMENT:

Work experience	Virtual work experience	Structured workplace learning	Work trial leading to an apprenticeship or traineeship for a school student
Industry area or VET course linked to this placement:			

## Section 1: STUDENT

*This section is to be completed under the guidance of the home school.*

1.1 Student name:	Mobile:	Home phone:
Email:	D.O.B:	Year level/home group/class:

Additional needs: Identify any medical condition, medication, disability or learning needs that may impact this student on work placement including adjustments required. If none, please record not applicable.

1.2 Parent/caregiver name:	Relationship to student:	
Email:	Mobile:	Alternative phone number:
Address:		

Does the student need to travel away from home (not their usual place of residence) which requires an overnight stay to access the work placement?

Yes    complete section 1.3                      No    proceed to section 1.4

1.3 Away from home supervisor name:	Relationship to student:	
Away from home address:	Phone:	
1.4 Emergency contact name:	Relationship to student:	
Email:	Mobile:	Phone:
Address:		

1.5 Student learning goal: (eg as part of my Exploring Identities and Futures I want to find out more about a career as an electrician).



## 2.3 RISK AND MITIGATION

**Work site induction details:** (eg online induction or tour of the site and verbal introduction to staff and safety processes).

Who will conduct induction:

When will it be conducted:

**Licence / competency / legal requirements the student needs to have to undertake work placement:** (eg White Card, Working with Children Check).

### Personal protective equipment (PPE) requirements for the work placement

Please detail what is required and who is responsible for providing the equipment.

Who	Steel cap boots	Hearing protection	Safety glasses	Gloves	High visibility clothing	Sun protection
Student to provide						
Workplace to provide						

Other:

Safety systems in place within the workplace:	Yes	Mitigation strategy if not in place:
WHS policy and procedures or has a system in place to ensure the business is following the WHS Act 2012.		
Environments that are child safe (only complete if relevant to your workplace)  Organisations (both government and non-government) that provide health, welfare, education, sporting or recreational, religious or spiritual, party or entertainment, cultural, childcare or residential services wholly or partly for children must have policies and procedures to create and maintain child safe environments.		
Process for managing <a href="#">incident or injury</a> as defined by the WHS Act 2012		
Emergency evacuation process		
Access to adequate facilities to ensure the welfare of all workers in the work environment (eg toilets, first aid kit).		
Policy or procedure to prevent and manage unlawful discrimination and harassment, including bullying.  This includes culturally responsive and inclusive practices in support of workers from Aboriginal or other minority backgrounds, religious beliefs and practices, students living with a disability and/or students identifying as LGBTIQ+.		

## 2.4 TRANSPORT DURING THE WORK PLACEMENT

Student is required to travel as a passenger in a vehicle during the work placement:

Yes      complete section 2.4      No      Proceed to section 2.5

What type of vehicle:    Car                                  Truck                                  Watercraft                                  Other

If yes, please provide details about the purpose of the travel and duration: (eg travel in work van to attend workshop in neighbouring suburb daily).

The vehicle is in a good state of repair and is registered and insured and will be operated by a fully licensed driver.

Yes      No

## 2.5 WORKPLACE LEARNING TASKS

Identify the specific tasks the student will undertake during the placement, keeping in mind that:

- the task must be suitable for the student's skill level and qualifications
- students must be supervised at all times (for virtual work placement duty of care are provided by the school)
- students must receive the same training as a paid worker to undertake the same task or function
- students must not take the place of a paid worker or undertake work that produces a product for the employer unless it is aligned to an assessment required as part of their learning program.

Tasks to be performed	Risk associated	Mitigation strategy
<i>Example: Job shadow an electrician on a range of domestic jobs.</i>	<i>Example: Contact with exposed live parts causing electric shock and burns.</i>	<i>Example: PPE, worksite induction and the student will be supervised at all times.</i>

Other or further details:

## Section 3: ACKNOWLEDGEMENTS AND DECLARATIONS

*All stakeholders must agree to the statements below by signing the relevant section of this form prior to work placement commencing.*

### 3.1 WORK PLACEMENT PROVIDER

As the work placement provider, I:

- certify that Work Health and Safety practices, procedures and systems are in place and developed and implemented in line with the Work Health and Safety Act 2012 (Cth)
- am aware of my obligations under the Fair Work Act 2009 and undertake to comply with the provisions of that legislation
- agree to accept this student on work placement and to plan and conduct an appropriate program in a non-discriminatory and harassment free environment in line with the Equal Opportunity Act 1984
- will notify the school in the case of student illness, accident, inappropriate behaviour, or any absence
- give assurance that the workplace is suitable for the student to undertake work placement and that all staff engaging with the student will report, as required, any issues or concern to ensure children and young people are kept safe from harm in accordance with the Children and Young People (Safety) Act 2017
- understand the student will not be used to replace a paid or striking worker or participate in industrial disputes
- understand the student will be visited or telephoned by a school representative during the placement
- acknowledge that the student will be directly supervised by persons who are suitably qualified/and or experienced and competent at the relevant task the student is undertaking during this placement and will only be engaged in tasks that are appropriate for their maturity, skills and qualification level and will support their identified learning goal
- understand that the information provided on this form is for the administration of workplace learning only
- agree, subject to the requirements of the South Australian Government Information Privacy Principles 1989 (re-issued 16 September 2013), that this information is not to be used for any other purpose.

#### Insurance Arrangements

I understand that through the completion of this form that, while a student is participating in the work placement program, they are covered by:

- Department for Education self-insurance arrangement in the case of students enrolled in government schools, **or**
- The school's personal accident and public liability insurance policies in the case of students enrolled in non-government schools.

I certify that, as a work placement provider: *(tick one)*

I have a current public liability or protection and indemnity insurance policy, **or**

My workplace 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 work placement provider or their workers or agents.

Workplace key contact name:	Signature:	Date:
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### 3.2 STUDENT

I agree that I:

- can communicate my needs to others, am willing to learn and participate, and have identified learning goal/s for the work placement
- will have prior to the placement successfully completed WHS training and understand my role and responsibilities while on placement
- have reviewed the work placement opportunity with my school and feel it is safe and suitable for me
- have personal protective equipment and transport options available to me, as required
- will attend the work placement as agreed in this form
- will contact both my school and work placement if I am not able to attend my placement for any reason
- will contact my school if I have any concerns about the work placement.

Student name:	Signature:	Date:
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### 3.3 PARENT/CARER/INDEPENDENT STUDENT

I give permission for the student to be involved in the work placement program under the conditions outlined in this document. If the emergency contact cannot be reached, I authorise the supervisor in the workplace 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 if required. I undertake to cover the costs of any unmet expenses incurred except for where the expenses are covered under the relevant education sectors or individual school insurance arrangements.

Parent/carer/independent student name:	Signature:	Date:
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### 3.4 PRINCIPAL/DELEGATE'S APPROVAL

I confirm that all required sections of this form have been completed, which allows my school to review both the student's readiness and the information provided by the workplace learning provider; that I am satisfied the student is eligible to participate in the work placement; and that the student has the capacity to keep themselves and others safe in the identified work placement.

I give permission for this student to undertake work placement as detailed and agreed to in this form with the above-named work placement provider in accordance with the current Workplace Learning Procedures.

Principal or delegate's name:	Signature:	Date:
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### Section 4: WORKPLACE LEARNING FORM AMENDMENTS

All amendments to this form must be agreed, dated, and recorded on this or a new form and redistributed to all stakeholders.

**original and amended form retained by school learning provider**

**copy to the student/parent/carer**

**copy to the workplace**

#### Amendments:

List all amendments including to times, dates, contacts or tasks to be performed.

**INITIAL AND DATE AMENDMENTS.** Attach additional or supporting information relating to any section as required.