

## STUDENT WORKPLACE LEARNING RECORD

All details regarding the student's work placement or work experience must be understood and agreed by all parties. The original form should be held by the school and copies provided to student, parent/caregiver and host employer.

### SECTION 1. STUDENT AND PLACEMENT DETAILS

Student's Name \_\_\_\_\_ Year Level \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's Mobile Phone \_\_\_\_\_ Medicare No \_\_\_\_\_

Related School Course or Activity \_\_\_\_\_  Work Experience  HSC VET Work Placement

Host Employer (refer to Section 4 for full details) \_\_\_\_\_

Start date \_\_\_\_\_ Finish date \_\_\_\_\_ Total number of days \_\_\_\_\_ Start time \_\_\_\_\_ Finish time \_\_\_\_\_

Program Type (please tick)  1. Block Program  2. One Day per Week  3. Split Shifts

Details/location for split shifts \_\_\_\_\_

- I have completed all pre-placement activities and am aware of my rights and responsibilities.
- I will perform my duties during the placement to the best of my ability and comply with all reasonable directions of the host employer and their employees.
- I understand my responsibility to support work health and safety in the host workplace. I know I must not do anything to jeopardise the safety of myself or others.
- I understand that if I feel unsafe during the placement I have the right to not undertake the task and to report the issue as soon as possible.
- I understand my safety is of the highest importance during the placement and there are no negative consequences to me in reporting health and safety issues to my school, the host employer or to my parent/caregiver.
- I know I must contact my school if I have any concerns about my placement.
- I will inform my workplace supervisor and school promptly of any injury or accident that involves me.
- I will inform both the host employer and my teacher as soon as possible if I am unable to attend the workplace.
- I know who to contact in case of emergency – see the *Student Safety & Emergency Contact Card*.
- If I have access during the placement to business or personal information that is private and confidential I will not convey this information to anyone outside the host employer's workplace. I will not use any mobile devices to record conversations, video or take photos without permission from the host employer or supervisor.
- I have read and understand the Privacy Notice on page 3.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### SECTION 2. SCHOOL DETAILS

School Name \_\_\_\_\_ Phone \_\_\_\_\_

School Address \_\_\_\_\_

School Email \_\_\_\_\_ Front office hours \_\_\_\_\_

School Contact \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

School Emergency Contact \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

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 Catholic Schools NSW *Employer Guide to Workplace Learning*.
- the parent/caregiver is provided with a copy of the Catholic Schools NSW *Student's/Parent's Guide to Workplace Learning*.

### SECTION 3. PARENT/CAREGIVER PERMISSION

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone \_\_\_\_\_

Does the placement include out of normal business hours (e.g 6-9pm)  No  Yes, please provide out of hours contact details

Out of Hours Contact Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have a medical condition (e.g. severe asthma, type 1 diabetes, epilepsy, anaphylaxis or other severe allergy), disability or learning support need that may affect their safety or learning during the placement? If so, please give details below (or attached) regarding medication, adjustments or support needed.

No  Yes, please provide details \_\_\_\_\_

I understand that if the student has been diagnosed as being at risk of anaphylaxis, it is my responsibility to provide an adrenaline auto-injector for the placement and a copy of the ASCIA Action Plan or individual health care plan.

- I have read the Catholic Schools NSW *Student's/Parent's Guide to Workplace Learning* and understand my role and responsibilities.
- I consent to the placement proceeding as outlined in this student placement record and will notify the school promptly if I have any concerns during the placement.
- I have read and understand the Privacy Notice on page 3.

Parent/Caregiver's Signature \_\_\_\_\_ Date \_\_\_\_\_

STUDENT NAME:	SCHOOL:	HOST EMPLOYER:
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## SECTION 4. HOST EMPLOYER DETAILS

Name of Organisation (Trading Name) \_\_\_\_\_

Address \_\_\_\_\_

Postal Address (if different) \_\_\_\_\_

Contact Person \_\_\_\_\_ Position \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Location of placement (if different to above address) \_\_\_\_\_

### OVERVIEW

Type of industry \_\_\_\_\_ Main activity \_\_\_\_\_

Approximate no. of employees at proposed worksite \_\_\_\_\_ Approx. no. of years in current operation \_\_\_\_\_

Government enterprise  Private enterprise  Self-employed  Other (please specify) \_\_\_\_\_

Has your business hosted school students for work experience or work placement in the last 12 months?  YES  NO

### SUPERVISION AND STUDENT HOURS

Name of experienced employee who will provide on-going supervision of the student. NB. **The supervisor would not be a trainee or apprentice.**

Supervisor Name \_\_\_\_\_ Position \_\_\_\_\_

Supervisor contact details (if different from above) Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Start date \_\_\_\_\_ Finish date \_\_\_\_\_ Total number of days \_\_\_\_\_

Start Time \_\_\_\_\_ Finish Time \_\_\_\_\_ Lunch Break \_\_\_\_\_ Student's Total Hours \_\_\_\_\_

### DESCRIPTION OF ACTIVITIES

- **Please note there are a number of hazardous activities which are prohibited for students undertaking workplace learning.** These are listed in the "Conditions and Exclusions" section of the Catholic Schools NSW insurance covers document that has been provided to you.
- **For each of the following, please provide full details regarding tasks the student will undertake.** For further advice on this section, see *Employer Guide to Workplace Learning Appendix 1.*

Activities/duties to be undertaken by the student \_\_\_\_\_

\_\_\_\_\_

Any activities or tasks the student is NOT to undertake e.g. *no-go areas, machinery/equipment that is too dangerous for new/young workers to operate*

\_\_\_\_\_

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.*

\_\_\_\_\_

How will those risks be eliminated or controlled? \_\_\_\_\_

\_\_\_\_\_

Other special conditions (clothing, footwear, equipment, pre-training, vaccinations, transport, multiple sites, routine car travel, individual student needs, first day arrangements)

\_\_\_\_\_

\_\_\_\_\_

STUDENT NAME:	SCHOOL:	HOST EMPLOYER:
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## SECTION 4. HOST EMPLOYER DETAILS

continued

Which or the following facilities are available to the student?

Essential:	<input type="checkbox"/>	First aid kit	<input type="checkbox"/>	Suitable toilet facilities	<input type="checkbox"/>	Drinking water
Other:	<input type="checkbox"/>	Lunchroom	<input type="checkbox"/>	Staff canteen	<input type="checkbox"/>	Locker

YES  NO I require the student to arrange a pre-placement interview.

YES  NO I request the student's school to contact me prior to the placement to provide information about the student such as their experience, skill level and any adjustment required, or for you to discuss aspects of the student's safety in the workplace.

### HOST EMPLOYER DECLARATION

- I have read the Catholic Schools NSW's *Employer Guide to Workplace Learning*. I 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 to 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)* as included in Appendix 1 of the above linked document.
- 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 school 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 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 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 *Employer Guide to Workplace Learning*. 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.

Host employer/workplace supervisor: Name \_\_\_\_\_ Position \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

### PRIVACY NOTICE – FOR ALL PARTIES

- The information provided by students, parents/caregivers and host employers is obtained for the purpose of coordinating a workplace learning opportunity for the school student. The school will use the information to meet student health duty of care and protection responsibilities and to support the information needs of the student, host employer and parent/caregiver. The Work Placement Service Provider might also 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 all requested information the student may not be able to undertake the planned workplace learning.
- All information provided by and to all parties should be stored securely and be available only to appropriate personnel who are engaged in the authorisation or the supervision of the individual placement. The school will store the information securely for a minimum of two years where there is no further action relating to the placement.
- Information on the Student Workplace Learning Record may be corrected by contacting the relevant school representative.

STUDENT NAME:	SCHOOL:	HOST EMPLOYER:
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## 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 workplace learning activity is supported according to the Catholic Schools NSW *Workplace Learning Guidelines for Schools*.
  - The school has gained documented approval for any activities that are listed by the insurer(s) as requiring special approval (eg working with animals).
  - The school has assessed any risk associated with car travel and gained documented approval.
  - The school will keep records of incidents affecting the safety of students. Incidents that may result in an insurance claim must be reported to the Diocesan VET Office within 24 hours.
  - If medical information, adjustments or support 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 provided the host employer with a copy of the ASCIA Action Plan or health care plan cover sheet and has confirmed that the parent/caregiver has provided an adrenaline auto-injector for the placement.
  - Where the placement mandates a General Construction Induction Training Card "WhiteCard", it has been sighted.
  - Where the placement involves accommodation away from home, relevant documentation is completed and attached.
  - Copies of this fully completed *Student Workplace Learning Record* have been provided to all parties.
  - If the employer has asked to be contacted by the school (see Employer Declaration page 3), the employer been contacted by phone / visit.
- I have checked that all parts of this *Student Workplace Learning Record* are complete and signed as required. I am satisfied that the placement as outlined is suitable for this student. (Where there are any concerns, the placement should not proceed).**

Principal/Nominee:

Name \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

21 December 2017

## CERTIFICATE OF CURRENCY LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE HOLDER. IT DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY. IT IS PROVIDED AS A SUMMARY ONLY OF THE COVER PROVIDED AND IS CURRENT ONLY AT THE DATE OF ISSUE. FOR FULL PARTICULARS, REFERENCE MUST BE MADE TO THE CURRENT POLICY WORDING

### INSURED

Catholic Schools New South Wales &/ or the Catholic Education Office, Archdiocese Of Canberra and Goulburn and all companies under their effective management control and its/their subsidiary and related bodies corporate, as defined in the Corporations Act 2001, controlled entities and other entities for which the Insured has assumed an obligation to arrange insurance (including those acquired or incorporated during the Period of Insurance) for their respective rights, titles and interests.

### PERIOD OF INSURANCE

From 4:00pm local time at the place of the Insured's head office on 31/01/2018 to 4:00pm local time at the place of the Insured's head office on 31/01/2019.

Any subsequent period for which the Insured has requested and the Insurer has accepted.

### INSURER

NAME	POLICY NUMBER	PARTICIPATION %
QBE Insurance (Australia) Ltd	AN 0014866 PLB	100%

### LIMITS OF LIABILITY

The limit of the Insurer's liability:

- i. shall apply exclusive of indemnity provided for under Additional Payments;
- ii. shall not exceed the following amounts except as otherwise provided in the Policy;

#### General Liability

\$20,000,000 any occurrence or series of occurrences arising from one originating cause

#### Product Liability

\$20,000,000 any one occurrence or series of occurrences arising from one originating cause and in the aggregate during the period of insurance

#### Advertising Liability

\$20,000,000 any one occurrence or series of occurrences arising from one originating cause

#### Errors and Omissions

\$1,000,000 any one claim and in the aggregate during the policy period

Indemnity is subject to the terms and conditions of the Policy, including any applicable Sub-Limit of Liability and Deductible.

In accordance with the ongoing commitment by Marsh to quality management philosophies, this certificate has been verified for accuracy of content by:

Yours faithfully,



Glen de la Cruz  
Senior Account Executive