

For use by

GOVERNMENT I PUDIIC SCHOOL	15	TAFE NSW I	nstitutes	
Student Placem	ent Record	Copy 1 to	be held by the TAFE be held by the schoo host employer	NSW Institute Copy 3: for the student Copy 4: for the parent or carer
Student's Name:	TAF	E NSW Institute:		Host Business:
Tick more than one if applicable	:	Other		Accommodation away from home
Section 1: Student pla	acement summa	ary		
Start date	Finish date	Total n	umber of days	Related course/activity
Student's				
Tick where relevant: Shift details (times/location)	□ Block	□ One	day per week	□ Split shifts e.g. Hospitality
Host employer 'onsite' address		Contac		
nost employer onsite dudress		Phone		Mobile No
		Email		
Student details				
Student's mobile no.				ype 1 diabetes, epilepsy, anaphylaxis or other severe
The placement includes out of n If yes, name of student's emerg Parent/carer/other Mobile I have completed all pre-plac I have been issued with a Stu I know who to contact in case I will inform both the host em possible, if I am unable to att I am aware of my rights and t I am aware of the contents of I will comply with all reasona their employees. I understand that if I feel uns right to not undertake the tas If I have access during the pla information which is private information to any person of	ement activities. dent Safety & Emerge e of emergency. nployer & my teacher a responsibilities. f the Privacy Notice on ble directions of the ho afe during the placeme sk & report the issue, a acement to business or or confidential, I will n	Page 3. Page 3. post employer & pressoon as possible. personal ot convey that	hone hone (if relevant) I will not use any n without the permi I will inform my su accident that invol- I understand my re health & safety in jeopardise the safe I know I must cont my placement. I understand that t	esponsibilities during the placement to support work, the host workplace. I know I must not do anything to ety of myself or others. act my TAFE NSW Institute if I have any concerns about there are no negative consequences to me in reporting ues to my TAFE NSW Institute, the host employer or to
			Date	
Section 2: School det	ails			
		Em	ail	
School				
Address		Гто.	ont office hours	
I give permission for this student Place outlined in this Student Place Signature of Principal/No	cement Record.	ndatory work placement	required for the HS Date	C VET course delivered by the TAFE NSW Institute as
			Dute	

Print Name

Nominee Position in School

TAFE NSW Institute:

Section 3: TAFE NSW details

TAFE NSW	Email	
Institute	TAFE Campus phone number	
Address	Office hours	
	TAFE NSW Institute's nominated	
	contact,	
	position and phone/mobile	
	details during normal business hours	
The TAFE NSW Institute 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*

Let 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)

Section 4: Host employer details (This first section may be completed by the student)

Name of organisation or trac	ding name			
Address		Contact person		
		Position		
	Postcode	Phone		
Email		Mobile		
Website		Fax		
Location of placement (if dif	ferent from above address)			
Request is for: HSC VET	work placement or	□ Other		
space is needed please a your responses will help placements. Thank you. Overview	ttach the information. This will as	FE NSW Institute important inform sist the TAFE NSW Institute to ma ce obligations. You may wish to kee Main activity	nage their duty of care to the stu	ident and ture
	eration			
□ Government enterprise	Private enterprise	Self-employed	Other	
□ Tick only if you have hoste	d school students for work experienc	e or work placement in the last 12 mo		
Supervision and stu	dent hours			
Name of the experienced er	nployee who will provide on-going	supervision. The supervisor would n	ot be a trainee or an apprentice.	
Supervisor's name Student's		Position	Phone	

Students							
starting time		Finishing time	Lunch b	oreak	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.

Stude	ent's Name: TAF	TAFE NSW Institute:		Host Business:		
	te any risks to the student in the planned activit or equipment, proposed horse riding or use of farm	-		s, exposure to sun, chemicals	, fumes, use of particula	
How	vill those risks be eliminated or controlled? <i>Plea</i>	ase be specific.				
Specia	Il conditions e.g. clothing, footwear, equipment, p	re-training, vaccinat	tion, transport, multiple	sites, routine car travel & indi	vidual student needs.	
Pleas	e tick if these are available to the student:	Essential:	□ first aid facilities	□ suitable toilet facilities	□ drinking water	
		Other:	□ lunch room	□ staff canteen		
	Tick this box if you wish the student's TAFE NSW such as their experience, skill level, any adjustme					
Ho	st employer/workplace supervisor	to complete	the following de	claration:		
	I have read <u>The Workplace Learning Guide for En</u> to provide a safe and positive environment for				ed in it and the need	
	I will provide planned learning and skill developmer employee briefed for the task.	nt activities appropri	ate for the student under	the supervision of myself or a	capable and trustworthy	
	I confirm that the activities assigned are suitable for requirements of the Work Health and Safety Act 2					
	I will check any health care concerns with the student and ensure they and their supervisor knows 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 TAFE NSW Inst student while on placement, including near misses,				fety incidents involving a	
	I will see that the student is first provided with a sit supervision (and personal protective equipment wh			he appropriate information, ins	truction, training,	
	I acknowledge that the student will not be paid in relation to the placement.					
	I will notify the TAFE NSW Institute if the student is ill, injured, absent without explanation or behaving inappropriately.					
	I will notify the TAFE NSW Institute 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 <i>The Workplace Learning Guide for Employers</i> . I understand students must report incidents to their TAFE NSW Institute.					
	I am not aware of anything in the background of an staff member or person from working with children		ther person who will have	close contact with the student	that would preclude that	
	I have informed employees of their responsibilit	ies when working v	with children and young	people.	■私祭3回	
	Additional Information for Employers is available https://www.det.nsw.edu.au/vetinschools/workle		<u>y.html</u> or scan the QR coo	de opposite.		
	Signature of host employer/workplace supe	rvisor	Date			
	Print Name		Position			
The opp and	vacy notice-for all parties information provided by students, parents/carers ortunity for the TAFE NSW student. TAFE NSW will to support the information needs of the student, rmation related to HSC VET work placements but or	use the informatio host employer and	on to meet student healt the parent/carer. The V	h, duty of care and child prot Vork Placement Service Provic	ection responsibilities	
	riding this information is voluntary. However, if you ertake the planned workplace learning.	u do not provide an	ny of the information req	uested then the student may	not be able to	
	information you provide will be stored securely ar information will only be disclosed for purposes dire		-		ing to the placement.	

You may correct any personal information by contacting the teacher in charge of the student's workplace learning program at the student's TAFE NSW Institute.

Student's Name:	TAFE NSW Institute:	Host Business:

Section 5: Parent/carer permission (*Must be completed for students aged under 18 years*)

Name		Relation to student		
Address (Optional) —		Mobile	Work Phone	
		Home Phone	Medicare no.	
	Postcode	Contact phone numb	per after normal business hours	
Fmail				

□ I have read *The Workplace Learning Guide for Parents and Carers* and understand my role and responsibilities. Additional information for parents and carers is available at: <u>https://www.det.nsw.edu.au/vetinschools/worklearn/worklearnpolicy.html</u>

□ I will immediately notify the TAFE NSW Institute if I have any concerns and the TAFE NSW Institute will follow up and action and advise the school.

 \Box I am aware of the contents of the Privacy Notice on Page 3.

The workplace requires evidence of vaccination compliance. \Box No \Box Yes (Please ring the TAFE NSW Institute for more information).

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 6: TAFE NSW Institute approval of the placement

- The student has been prepared for the workplace by the TAFE NSW Institute to optimise the student's safety and achievement during their placement.
- The placement is supported according to the Department of Education's <u>Workplace Learning Policy and Associated Documents and Forms</u>.
- The TAFE NSW Institute will report incidents affecting the safety of students, including near misses, while undertaking workplace learning in accordance
 with the <u>Department's Incident Reporting Policy and Procedures</u>. In accordance with the Policy, incidents must be reported as soon as possible but within
 24 hours. The TAFE NSW Institute will also advise the school of any incidents or accidents.
- 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 TAFE NSW Institute has confirmed that the parent or carer has provided an adrenaline auto-injector for their child for the placement.
- The TAFE NSW Institute 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 Institute Manager/Nominee

Print Name

Date

Position in TAFE NSW Institute