



STUDENT PLACEMENT RECORD

The *Student Placement Record* must be completed and signed by the student, host employer, parent or caregiver and school before workplace learning can start. A completed copy must be provided to the host employer, parent or caregiver and student. The original is to be retained by the school.

SECTION 1 STUDENT PLACEMENT DETAILS

Student's Name	Year Level	Date of Birth
Student's Mobile Number	Medicare Number	
<input type="checkbox"/> Work Experience	<input type="checkbox"/> Work Placement	VET Course Name
Start Date	Finish Date	Total number of days
		Start Time
		Finish Time
Program Type	<input type="checkbox"/> Block Program <input type="checkbox"/> One day per week <input type="checkbox"/> Split Shifts, provide location details:	
Location for Split Shifts	<input type="checkbox"/> Accommodation Away from Home is required. Relevant documentation is completed and attached.	

STUDENT DECLARATION

- 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 EVET PROVIDER - TRADE TRAINING/SKILLS CENTRE DETAILS

TTC/TSC Name	Phone
TTC/TSC Address	
TTC/TSC Email	Front office hours
TTC/TSC Contact	Position
	Phone
TTC/TSC Emergency Contact	Position
	Phone

The TTC/TSC 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*
- Copies of this fully completed *Student Placement Record* have been provided to all parties.
- Proposed activities have been checked, are safe and appropriate to the capabilities of the student.
- The workplace learning activity is supported according to the Catholic Schools NSW *Workplace Learning Guidelines for Schools*.

SECTION 3. HOST EMPLOYER DETAILS

Name of Organisation (Trading Name)

Address

Postal Address (if different)

Contact Person

Position

Phone

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. **Note: The supervisor must 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

If one day per week list day

For split shifts: Shift 1 start time

finish time

Shift 2 start time

finish time

ACTIVITIES AND RISK MANAGEMENT – THESE SECTIONS CANNOT BE LEFT BLANK

- **Please provide detailed responses to the following questions.** This section details any risks, how they will be managed and assists the school to manage their duty of care and satisfy your workplace obligations.
- There are several 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 further advice on this section, see the *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, specific machinery/equipment that is too dangerous for new/ young workers to operate.

Indicate any risks to the student in the planned activities, please be specific. This includes 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 the identified risks be eliminated or controlled? e.g. Induction, close supervision, demonstration by experienced employee and supervision to completion.

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

SECTION 3. HOST EMPLOYER DETAILS

continued

Which or the following facilities are available to the student?

Essential:

 first aid kit suitable toilet facilities drinking water

Other:

 lunchroom staff canteen 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* and am aware of my rights and responsibilities 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 (not an apprentice or trainee) 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 *Employer Guide to Workplace Learning Appendix 1*
- I will check any health care concerns with the student and ensure they and their supervisor know what to do in the case of an emergency or 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, and I will notify the school if the student is ill, injured, absent without explanation or behaving inappropriately.
- I will notify the school immediately if I need to change sites 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 *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.
- I am aware of the specific restrictions and prohibited activities for students and will ensure students are not asked to carry out any of these activities.
- I agree to all the above statements.
- By signing this section, you are confirming your workplace is following NSW Health COVID-19 safe guidelines, including a COVID-19 safety plan (or relevant state or territory COVID safety plans)

Host Employer/Workplace Supervisor Print 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 Placement Record* may be corrected by contacting the relevant school representative.

SECTION 4 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., 6-9 pm) <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide out of hours contact details.		
Out of Hours Contact Name	Relationship to student	Phone
For students in Years 9 and 10 the out of hours contact must be negotiated with the Principal by the parent/carer and student.		
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. <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details:		
<ul style="list-style-type: none"> - 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 <i>Student's/Parent's Guide to Workplace Learning</i> and understand my role and responsibilities. - I consent to the placement proceeding as outlined in this <i>Student Placement Record</i> and will notify the school promptly if I have any concerns during the placement. - I have provided evidence of vaccination compliance as required by host employer. <i>(For information contact school)</i> - I understand that special approval and additional documentation is required if the placement includes overnight accommodation away from home. Relevant documentation is completed and attached - I have read and understand the Privacy Notice on page 1. 		
Parent/Caregiver Signature	Date	

SECTION 5. HOME SCHOOL DETAILS

Home School Name	Suburb
Contact Person	Position
Phone	Email
<ul style="list-style-type: none"> - If medical information, adjustments or support are to be provided this has been provided to the EVET provider (TTC/TSC). - If the student is diagnosed as being at risk of anaphylaxis, the school has provided the EVET provider (TTC/TSC) with a copy of the ASCIA Action Plan or health care plan cover sheet and confirms that the parent/caregiver has provided an adrenaline auto-injector for the placement. - Where the placement involves accommodation away from home, relevant documentation is completed and attached. - The school will keep records of incidents affecting the safety of students. Incidents must be reported as soon as possible, but within 24 hours, through the Diocesan office and in accordance with CSNSW requirements. - The school is satisfied that the placement, as outlined in this workplace learning record, is suitable for this student and gives permission for the student to attend. 	
Home School Principal/Nominee Signature	Date

SECTION 6. EVET PROVIDER (TTC/TSC) APPROVAL OF THE PLACEMENT

- 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.
- The school has gained documented approval for any activities that are listed by the insurer(s) as requiring special approval (e.g., working with animals).
- Where the placement mandates a General Construction Induction Training Card "WhiteCard", it has been sighted.
- 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.
- The school has assessed any risk associated with car travel and gained documented approval.
- Where the placement requires an out of hours contact, for students in Years 9 and 10 negotiations have occurred with the Principal by the parent/carer and student.
- If the employer has asked to be contacted by the school (see Employer Declaration page 3), the employer has been contacted by phone / visit.

I have checked that all parts of this *Student Placement 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).

TTC/TSC Leader/Nominee	Print Name	Position
	Signature	Date