Work experience placements for school students

Agreement

Privacy statement

The Department of Education ('the department') is collecting personal information on this form in order to make a work experience arrangement for a student under the *Education (Work Experience) Act 1996* (Qld). The personal information will only be used by authorised employees within the student's school, the department, and the nominated work experience provider for the purpose of organising and implementing the arrangement. The information may also be given to the Queensland Government Insurance Fund and WorkCover Queensland for the purpose of managing insurance coverage as required by the *Education (Work Experience) Act 1996* (Qld). Your information will not be given to any other person or agency unless you have given us permission or we are required by law to do so.

This agreement establishes a work experience arrangement under the *Education (Work Experience) Act 1996* (Qld), and should be completed and signed, where indicated by the student, their parent, the work experience provider and Principal of the student's school.

School name:	Coolum State High School	A N D	**Provider's name:**	
School address:	Havana Road East, Coolum QLD 4573		**Provider's address:**	
Work experience coordinator:	Patrick Walden		**Nominated supervisor:**	
Phone:	07 5471 5321		**Phone:**	
Email:	pwald9@eq.edu.au		**Email:**	

PLACEMENT DETAILS

Industry/ Occupation:		**Model of work experience:** (Select one)		☐ **Work sampling** ☑ **Structured work placement**	
Dates of placement:		**Number of days:**		**Hours of work:**	
Summary of proposed student workplace activities (list main activities**):**					
Special requirements for placement (e.g. uniform, personal protective clothing/equipment):					

STUDENT DETAILS

Student name:		**Date of birth:**	/ /	**Gender:**	☐ **Male** ☐ **Female**
Phone:		**Email:**			
Emergency contact:		**Out of school hours emergency phone:**			

Medical information: (List any pre-existing medical conditions that may impact on the student's work experience placement. Please attach details of medications and health plans where relevant.)	

STUDENT RESPONSIBILITIES

I understand that my conditions of placement include:

- attendance at my placement for the full work experience period
- immediately notifying my school and the work experience provider if I am unable to attend or am late
- demonstrating behaviour aligned to my school's responsible behaviour expectations and in keeping with the accepted standards of my work experience provider
- performing my duties to the best of my ability and complying with all reasonable directions given by the work experience provider
- following all workplace health and safety procedures in my workplace
- notifying my school and work experience provider of any incident or accident in the workplace which may involve me.

Student signature:	**Date:**	/ /

PARENT CONSENT (Applicable to students under 18 years of age)

I understand that my responsibilities relating to my student's work experience placement include:

- providing any information about medical conditions and/or medication relating to my child which may impact on the safety of my child or the safety of others in the workplace
- organising transportation for my child to and from the work experience placement location
- notifying the school and work experience provider if my child is unable to attend or is late.

I consent to participating in work experience as stated.

Parent signature:	**Date:**	/ /

WORK EXPERIENCE PROVIDER'S AGREEMENT

I enter into an arrangement for the named student to be placed with me for the purpose of work experience. Conditions of placement include:

- understanding my responsibilities relating to health and safety under the *Work Health and Safety Act 2011* (Qld)
- informing the student of particular safety requirements of this workplace including personal protective clothing/equipment
- notifying the school/work experience provider of any unexplained absences by the student
- notifying the school/work experience provider of any incident or accident involving a school student, any action undertaken and damages to property involving the student during this placement
- providing supervision for the student at all times
- ensuring the hours worked by the student do not exceed the normal hours worked in my industry
- ensuring the student will not perform work which is prohibited by law or is unsuitable for a student placed in a work experience environment
- understanding that the arrangement may be terminated at any time by either the school principal or myself
- ensuring the student is not paid whilst undertaking work experience
- understanding the level of liability cover provided by the Department of Education.

Work experience provider's signature:	**Date:**	/ /

PRINCIPAL'S AGREEMENT

I enter into an arrangement for the named student to be placed for the purpose of work experience with the above named work experience provider.

Principal's signature:	**Date:**	/ /

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