

Student	
School	
Host Employer	

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 Name:		Work Placement		Work Experience	
Student Email:		VET Course Name for Work Placement:			
Year Level:		Block	1 day/wk	Start Time:	
Date of Birth:		Program Type:		Finish Time:	
Mobile:		Start Date:		Split Shift Times – if applicable	
Overnight Accommodation Away from Home is required, relevant documentation attached		Finish Date:		Start Time:	
Vehicle Travel with Host Employer is required, relevant details provided on page 3 below.		No. of Days:		Finish Time:	

STUDENT DECLARATION

I have completed all pre-placement activities and am aware of my rights and responsibilities.

- I am willing to participate and learn, will perform my duties during the placement to the best of my ability and will comply with all reasonable directions of the host employer and their employees.
- I have read the [Catholic Schools NSW Workplace Learning Guide for Students](#) and understand my role and responsibilities.
- I have reviewed the host employer's risk management (on page 2) and 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 can communicate my needs to others and understand that if I feel unsafe during the placement, I have the right not to 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.
- If applicable, I consent to undertaking vehicle travel with the host employer and/or nominated supervisor/s as part of the workplace learning arrangements outlined.
- I have read and understand the Privacy Notice on page 3.

Student's Signature _____ Date _____

SECTION 2: SCHOOL DETAILS			
School Name:		School Contact	School Emergency Contact
School Email:		Name:	Name:
School Phone:		Position:	Position:
Office hours:		Phone:	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 Workplace Learning Guide for Employers*.
- the parent/caregiver is provided with a copy of the *Catholic Schools NSW Workplace Learning Guide for Parents & Carers*.

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SECTION 3: HOST EMPLOYER DETAILS

Organisation Trading Name:			
Host Employer Website:			
Location of Placement:			
Contact Person & Position:		Position:	
Email:		Phone:	
OVERVIEW		SUPERVISION	
Type of Industry:		Name of experienced employee who will provide ongoing supervision of the student. Note: The supervisor must not be a trainee or apprentice.	
Main Activity:			
Type of Business:	Self Employed / Private Enterprise / Govt	Name:	
Approx number of years in current operation		Position:	
Approx number of employees at proposed worksite:		Mobile:	
Has your business hosted school students for work experience or work placement in the last 12 months?			Yes / No
STUDENT HOURS			
Placement pattern:	Block	1 day/wk	No of Days:
Start Date:		Start Time:	Split Shift Times – if applicable
Finish Date:		Finish Time:	Start Time:
If 1 day per week	What day?	Total Hours	Finish Time:

ACTIVITIES AND RISK MANAGEMENT – THESE SECTIONS CANNOT BE LEFT BLANK nor N/A

- **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 Summary document that has been provided to you.

For further advice on this section, see the *Workplace Learning Guide for Employers* Appendix 1.

ACTIVITIES/duties to be undertaken by the student
NOT TO UNDERTAKE any activities or tasks? e.g., no-go areas, specific machinery/equipment.
RISKS: 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.
MITIGATION: How will the identified risks be eliminated or controlled? e.g., Induction, close supervision, demonstration by experienced employee
SPECIAL CONDITIONS: clothing, footwear, equipment, pre-training (including WhiteCard and Food Handler Basics training), vaccinations, transport, multiple sites, routine car travel, individual student needs, first day arrangements.

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SECTION 3: HOST EMPLOYER DETAILS
continued

Which of the following facilities are available to the student?	Essential:	first aid kit <input type="checkbox"/>	suitable toilet facilities <input type="checkbox"/>	drinking water <input type="checkbox"/>
	Other:	lunchroom <input type="checkbox"/>	staff canteen <input type="checkbox"/>	locker <input type="checkbox"/>

- I require the student to arrange a pre-placement interview
- I request the student's school 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
- The student will be required to travel in host employer's vehicle.

HOST EMPLOYER DECLARATION

- I have read the [Catholic Schools NSW's Workplace Learning Guide for Employers](#) 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 activities assigned are suitable for the student and WHS risks have been assessed and managed in accordance with requirements of the *Work Health and Safety Act 2011 (NSW)/(ACT)* [as applicable] included in *Workplace Learning Guide for Employers* 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 special responsibilities associated with working with children and young people as detailed in the section related to child protection in the *Workplace Learning Guide for Employers*. I understand students must report incidents to their school.
- I have informed employees/other persons who will have close contact with the student of their responsibilities when working with children/young people. I am not aware of anything in their background that would preclude these people from working with children.
- 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 confirm the workplace is following current government COVID-19 safe guidelines.
- If travel is noted above as a required part of work activities, the:
 - vehicle to be used is registered and covered by NSW/ACT compulsory third-party insurance or interstate equivalent. To the best of my knowledge the vehicle is roadworthy, safe for normal road use and suitable for the work-related purpose to which it will be put.
 - proposed driver is currently licensed for the vehicle they will drive and is not subject to any impediment to their driving ability
 - number of passengers in the vehicle will not exceed the number of seatbelts. I have advised that good safety practice is for the student to travel in the back seat of the vehicle where possible.
- I agree with all the above statements.

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 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 and CSNSW might also access information related to the work placements but only with the approval of the Principal.
- All information provided by and to all parties will 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 three years where there is no further action relating to the placement.
- 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.
- Information on the *Student Placement Record* may be corrected by contacting the relevant school representative.

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SECTION 4: PARENT/CAREGIVER PERMISSION

Contact Parent Name:	Emergency Contact Name:	Out of Hours Contact Name:
Relationship to Student:	Relationship to Student:	Relationship to Student:
Contact No:	Contact No:	Contact No:
Parent contact email:		

- Does the placement include out of normal business hours (eg, 6-9 pm). **If yes**, please provide out of hours contact details **above**. (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 (eg, 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 yes**, please provide details below (or attach) regarding medication, adjustments or support needed:

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- 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 Workplace Learning Guide for Parents & Carers](#) 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 provided evidence of vaccination compliance as required by host employer. (*For information contact school*).
 - I consent to my child undertaking vehicle travel detailed on page 3 above with the host employer and/or nominated supervisor/s as part of the workplace learning arrangements. I understand my child is covered under the school's student accident Insurance arrangements for this travel and not withstanding that cover, my child is also covered under the provisions of the Motor Traffic Accident legislation.
 - 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 3.

Parent/Caregiver Signature _____ Date _____

SECTION 5: SCHOOL 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 within 24 hours to the diocesan VET office (non-diocesan schools to report to Catholic Schools NSW if using CSNSW arranged insurance).
 - The workplace learning activity is supported according to the [Catholic Schools NSW Workplace Learning Procedures and Standards](#).
 - The student has been prepared for the workplace to optimise the student's safety and achievement during their placement.
 - Proposed activities have been checked, are safe and appropriate to the capabilities of the student.
 - The school has gained documented approval from CSNSW for any activities that are listed by the insurer(s) as requiring special approval (e.g., working with animals, mining, abattoirs).
 - Where placement mandates a General Construction Induction Training (WhiteCard) or Food Handler Basics training certificate, 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.
 - Where the placement involves accommodation away from home and/or vehicle travel with host employer, relevant documentation is completed and attached. The school has assessed any risk associated with vehicle 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.
 - Copies of this fully completed *Student Placement Record* have been provided to all parties.
 - If the employer has asked to be contacted (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).**

School Principal/Nominee Print Name _____ Position _____
 Signature _____ Date _____