

Student	
School	
Host Employer	

WORKPLACE VISIT REPORT

To be completed by teachers visiting work sites and kept on file with the student's *Student Placement Record*.

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: STU	DENT D	ETAILS					
Student Name:				Year Le	vel:	Mobile:	
Work Placement:		Work Experience:	VET Course	Name:			

SECTION 2: PLACEMENT DETAILS						
Organisation Tradi	ing Name:					
Address:						
Contact Person:					Mobile:	

SECTION 3: CONTACT REPORTS

FIRST DAY PHONE CALL	Made by:	Position:	Date:
Check:	Comment:		
Timely arrival			
Appropriate dress			
Required equipment			
Have they settled in?			
Appointment time to visit?			

WORK SITE VISIT	Made by:	Position:	Date/Time:
Jobs/task being carried out by student:			
Employer/Supervisor feedback:			
Student feedback:			



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SITE SAFETY CHECK	If there is any negative outcome, follow up audits must take place until acceptable safety is reached.			
ITEMS		YES/NO	TEACHER COMMENTS or ACTIONS TAKEN	
Has the student been inducted to the site?				
Has the student been suitably inducted in the correct use of machinery and equipment?				
Is the student wearing	PPE as required?			
Does the student believ supervised?	ve they are suitably			
Is the student working: • at heights? • in confined spaces • with unguarded mach				
Does the student have If so, what are they?	any safety concerns?			
 Has the supervisor indi acting appropriately factivities being under following instructions 	for the workplace rtaken?			

Based on the workplace visit, the following assessment was made		
The supervisor and staff followed a duty of care for the student		
*		
eeting course outcomes *		

Any problems or concerns MUST be noted by the visiting teacher in the comments sections below. COMMENTS: