Structured Workplace Learning Arrangement Form

Education and Training Reform Act 2006 – Ministerial Order 1412: Structured Workplace Learning Arrangements (Schools)

STUDENT DETAILS

First Name _____ Last Name _____

Date of Birth / / Year Level _____

School Name and Address _____

_____ Postcode _____ Telephone _____

Structured workplace learning coordinator name _____

Student qualification:

❑ VCE Industry and Enterprise ❑ VCE Vocational Major – Unit name: _____

❑ Victorian Pathways Certificate – Unit name: _____

❑ VET Certificate name: _____

IN CASE OF AN EMERGENCY, THE EMPLOYER SHOULD CONTACT THE STUDENT'S PARENT/CARER AND THE STRUCTURED WORKPLACE LEARNING COORDINATOR:

Parent/carer name _____ Contact number _____

Additional emergency contact name _____ Contact number _____

PRIVACY INFORMATION: The information provided on this form is for the administration of Structured Workplace Learning Arrangements only and is not to be used for any other purpose. Health information will be provided if the Student has a medical condition or requires medication that may be relevant to their placement. This information must be kept confidential.

WORK PLACEMENT DETAILS

Employer (business) name _____ Telephone _____

Business address _____ Postcode _____

Employer email address _____

Type of industry _____ Primary activity at workplace _____

Student's work location address _____ Postcode _____

Workplace contact person _____ Supervisor _____

Activities the student will undertake (if insufficient space, attach separate sheet) _____

_____

Hours _____ am / pm, to _____ am / pm; on ❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday ❑ Saturday ❑ Sunday

from (commencement date) _____ to (completion date) _____ Total number of days _____

If insufficient space for dates and hours, please attach additional sheet.

Rate of payment $ _____ per day ($5.00 per day minimum)

EMPLOYER ACKNOWLEDGEMENT (Employer to sign)

I, _____ [name of individual, or on behalf of the Employer if Employer is an incorporated body] agree that:

1. I understand occupational health and safety legislation and standards relevant to the conduct of my undertaking and will comply with these laws and standards with respect to the Student as if the Student were my employee.
2. I will identify all hazards relevant to the conduct of my undertaking and will assess and control all related risks. If I have not controlled all related risks I will inform the school of this fact prior to the Structured Workplace Learning Arrangement commencing.
3. I have read and understood the Department of Education Structured Workplace Learning Guidelines for Employers. I will ensure that required planning, induction, supervision and safe systems of work are provided for the Student to maintain a safe and healthy Structured Workplace Learning Arrangement at all times.
4. I will consider and take into account the competency, maturity and physical capabilities of the Student in relation to all activities they will undertake. The Student's program of activities will be planned and carried out with these considerations in mind.
5. I will nominate a Supervisor (or Supervisors) of the Student who will be responsible for ensuring that my obligations as the Student's Employer are carried outI will provide appropriate information, training, instruction and supervision to the Student in respect of occupational health and safety and will provide any equipment and/or clothing which is required to comply with my duty of care toward the Student.
6. I will ensure that the Structured Workplace Learning is undertaken in a non-discriminatory and harassment free environment.
7. I will permit access to the workplace and contact with the Student by the principal or nominated person, or the Structured Workplace Learning Coordinator at any reasonable time during the Structured Workplace Learning Arrangement.
8. I will ensure that the Structured Workplace Learning Arrangement is not used as a substitute for the employment of employees or the engagement of contractors and the payment of appropriate wages or fee for services to employees or contractors respectively.
9. I will ensure that the maximum number of students in the workplace does not exceed one Student for every three employees.
10. If I have sought to engage more than the permitted number of Structured Workplace Learning Students, I confirm that direct supervision will be provided for all Students.
11. Where the principal or nominated person has disclosed any necessary health information in relation to the Student I confirm that I will maintain the confidentiality of that health information and only disclose this information to another party if treatment is required for a known medical condition or in the case of a medical emergency.
12. I will notify the Structured Workplace Learning Coordinator as soon as is possible if the Student is absent, injured or becomes ill in the course of undertaking the Structured Workplace Learning.
13. I will consult with the principal or nominated person if I consider it necessary to terminate the Arrangement before the specified time.
14. I will advise the principal or nominated person if the industry to which this Arrangement relates includes potential exposure of the Student to scheduled carcinogenic substances and/or other hazardous substances as defined in the *Occupational Health and Safety Regulations 2017*.
15. I acknowledge the requirement for the Student to be paid in accordance with section 5.4.9 of the *Education and Training Reform Act 2006*.

I understand and accept the responsibilities set out above. Following the principal or nominated person's review of these details, I understand that they will determine whether or not the Student will undertake the Structured Workplace Learning Arrangement proposed here.

Signature _____ Date / /

Structured Workplace Learning Arrangement Form

***Education and Training Reform Act 2006* – Ministerial Order 1412: Structured Workplace Learning Arrangements (Schools)**

STUDENT AGREEMENT

I, _____ agree to take part in this Structured Workplace Learning Arrangement and to:

- ❑ do all the reasonable and lawful activities the Employer asks me to, and to do my work to the best of my ability;
- ❑ follow all the reasonable workplace rules and requirements that relate to safety and behaviour;
- ❑ attend the workplace on each day at the agreed time;
- ❑ tell both the Employer and the Structured Workplace Learning Coordinator as soon as possible if I am unable to attend work;
- ❑ promptly inform the Employer of any accident, injury or incident that may happen;
- ❑ dress appropriately for the workplace;
- ❑ agree that no payment will be made to me if the placement is with a Commonwealth Department or a body established under a Commonwealth Act;
- ❑ where the placement is with an organisation that is engaged wholly or mainly in an educational, charitable or community welfare service that is not for profit and where I have determined that the whole of my payment will be donated back to the organisation, agree to donate payment back to that organisation;
- ❑ agree that prior to starting the placement, I will be undertaking occupational health and safety training that is part of my Accredited Course of Study (VET students), or I will complete the occupational health and safety program required by the Department of Education (non-VET students).

Students aged 18 years and over:

- ❑ I consent to the release of any necessary health information about me by the Principal to the Employer, for which the principal or nominated person is aware of and may disclose pursuant to the *Health Records Act 2001 (Vic)*.
- ❑ I also agree to inform the Employer of any necessary medical information, including details of any known medical condition which may affect me and any medication or treatment which may be relevant.
- ❑ I understand that I am responsible for my transport to and from the workplace.

I understand that the principal or nominated person will determine whether or not I will undertake Structured Workplace Learning.

Signature _____ Date / /

Structured Workplace Learning Arrangement Form

***Education and Training Reform Act 2006* – Ministerial Order 1412: Structured Workplace Learning Arrangements (Schools)**

PARENT/CARER AGREEMENT AND CONSENT (Not required if the student is aged 18 years or over)

I, _____ consent to my child taking part in this Structured Workplace Learning Arrangement and I:

- ❑ agree that they will be subject to the direction and control of the Employer and nominated Supervisor(s);
- ❑ understand that all reasonable care for the health and safety of my child will be taken by the Employer and nominated Supervisor(s);
- ❑ expect my child to follow all the reasonable workplace rules and requirements that relate to safety and behaviour;
- ❑ understand that I am responsible for my child's transport to and from the workplace;
- ❑ agree that no payment will be made to my child if the placement is with a Commonwealth Department or a body established under a Commonwealth Act;
- ❑ give my consent to my child donating back payment where the placement is with an organisation that is engaged wholly or mainly in an educational, charitable or community welfare service that is not for profit and where my child has determined that the whole of their payment will be donated back to the organisation;
- ❑ understand that I will be notified as soon as possible in the event of illness of or accident to my child, but where it is impracticable to communicate with me I authorise the person in charge at the workplace of the employer to consent to my child receiving such medical and surgical treatment (including the administration of an anaesthesia) as may be deemed necessary by a legally qualified medical practitioner, and administer such first-aid as is judged to be reasonably necessary;
- ❑ attach details of any known medical condition which may affect my child, and any medication or treatment which may be relevant;
- ❑ give my consent to the release of any necessary health information in relation to my child by the Principal to the Employer, for which the principal or nominated person is aware of and may disclose pursuant to the *Health Records Act 2001* (Vic).

I understand that the principal or nominated person will determine whether or not my child will undertake Structured Workplace Learning.

Signature _____ ❑ Parent ❑ Carer Date / /

WORKSAFE INSURANCE AND PUBLIC LIABILITY INSURANCE

The Student is covered for WorkSafe Insurance by the Department of Education (State of Victoria). The Student is covered by public liability insurance in accordance with Ministerial Order 1412 – Structured Workplace Learning Arrangements, for the arrangement taken out by the party indicated below (Principal to tick the appropriate box):

❑ Department of Education ❑ Non-Government school ❑ Employer

NOTE: PUBLIC LIABILITY INSURANCE

Public liability insurance of at least $10 million cover per event must be held or taken out, prior to the Student commencing Work Experience under the Arrangement:

i. when an Arrangement is entered into by a principal or nominated person of a Government School in respect of a Government School student, by the Department of Education with the insured being the Student and the Employer.

ii. when an Arrangement is entered into by a principal or nominated person of a Non-Government School in respect of a Non-Government School student – either:

   a. by that School, with the insured being the School and the Student; or

   b. by the Employer, with the insured being the Employer and the Student, if the principal or nominated person of that School has advised the Employer at least four (4) weeks prior to the Student commencing Structured Workplace Learning that the School does not have public liability insurance as set out above.

PRINCIPAL OR NOMINATED PERSONCONSENT

I, _____ of _____

enter into an Arrangement for the above named Student of this school to be engaged for the purpose of Structured Workplace Learning by the Employer named above in accordance with the provisions of the *Education and Training Reform Act 2006* and Ministerial Order 1412 – Structured Workplace Learning Arrangements, and on the basis of the information provided above and the Employer's acknowledgements. I confirm that I have informed the Employer as to whether this school holds public liability insurance. I will ensure that the above named Student is undertaking occupational health and safety training that is part of their Accredited Course of Study, or has completed the occupational health and safety program as required by the Department of Education prior to commencing the placement under this Arrangement. I confirm that if the Student, or if the Student is under 18 years of age, the Parent/Carer of the Student, has provided their consent, any necessary health information in relation to the Student of which I am aware and may disclose pursuant to the *Health Records Act 2001* will be released by me to the Employer.

Signature _____ ❑ Principal ❑ Nominated person Date / /

Structured Workplace Learning Travel and Accommodation Form

Education and Training Reform Act 2006 – Ministerial Order 1412: Structured Workplace Learning Arrangements (Schools)

STUDENT DETAILS

First Name _____ Last Name _____

Date of Birth / / Year Level _____

School Name and Address _____

_____

_____ Postcode _____ Telephone _____

Structured Workplace Learning Coordinator Name _____

IN CASE OF AN EMERGENCY, THE EMPLOYER SHOULD CONTACT THE STUDENT'S PARENT/CARER AND THE STRUCTURED WORKPLACE LEARNING COORDINATOR:

Parent/Carer Name _____ Contact Number _____

Additional Emergency Contact Name _____ Contact Number _____

PRIVACY INFORMATION: The information provided on this form is for the administration of Structured Workplace Learning Arrangements only and is not to be used for any other purpose. This information must be kept confidential.

WORK PLACEMENT DETAILS

Employer (business) name _____ Tel. _____

Business address _____ Postcode _____

Employer email address _____

Student's work location address _____ Postcode _____

Workplace contact person _____ Supervisor _____

Hours _____ am / pm, to _____ am / pm; on ❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday ❑ Saturday ❑ Sunday

from (commencement date) _____ to (completion date) _____ Total number of days

_____

If insufficient space for dates and hours, please attach additional sheet.

TRAVEL WITH EMPLOYER

The following sections are to be completed only if the Student is required to undertake vehicle travel with the Employer and/or nominated Supervisor/s as part of this Arrangement.

EMPLOYER ACKNOWLEDGEMENT

I, _____ [name of individual, or on behalf of the employer if employer is an incorporated body] will ensure that, if the student is required to undertake travel:

- the driver has a current and valid Australian driver's licence relevant to the vehicle the driver uses;
- the driver is not disqualified or suspended from driving;
- the driver is not subject to any other impediments to their ability to drive a motor or other vehicle (as relevant);
- the vehicle in which the Student is to be transported is comprehensively insured; and
- to the best of my knowledge the vehicle in which the Student is to be transported is roadworthy, safe for normal road use and suitable for the work-related purposes to which it will be put.

Signature _____ Date / /

PARENT/CARER CONSENT (if Student is aged under 18 years)

I, _____, consent to my child undertaking vehicle travel with the Employer and/or nominated Supervisor/s as part of this Arrangement.

Signature _____ ❑ Parent ❑ Carer Date / /

STUDENT CONSENT (if aged 18 years or over)

I, _____, consent to undertaking vehicle travel with the Employer and/or nominated Supervisor/s as part of this Arrangement.

Signature _____ Date / /

ACCOMMODATION ARRANGEMENTS

The following sections are to be completed only if the Student is required to stay at accommodation other than their normal place of residence for the purpose of this Arrangement.

ACCOMMODATION DETAILS

Who will the Student be staying with?

- ❑ Parent/Carer
- ❑ Other family member/s (e.g. grandparent, older sibling) – please specify _____
- ❑ Friends of the family
- ❑ Employer

Name of person responsible for supervising student at accommodation _____

Accommodation address _____ Postcode _____

Telephone: Business Hours _____ After hours _____ Length of stay _____

Travel arrangements to and from the workplace _____

PARENT/CARER CONSENT (only required if the Student is aged under 18 years)

I, _____,

- consent to my child staying at accommodation other than their normal place of residence for the purposes of this Arrangement;
- confirm that the accommodation arrangements as outlined above are suitable; and
- understand that I am responsible for the control and care of my child at all times while they are not under the care and control of the Employer, or any other person.

Signature _____ ❑ Parent ❑ Carer Date / /

STUDENT CONSENT (only required if aged 18 years or over)

I, _____,

- agree to stay at accommodation other than where I normally live so that I can complete this Arrangement;
- agree the accommodation described above is suitable for me; and
- understand that I am responsible for my actions and for looking after myself at all times while I am not under the care and control of the Employer, or any other person.

Signature _____ Date / /

Structured Workplace Learning Travel and Accommodation Form

Education and Training Reform Act 2006 – Ministerial Order 1412: Structured Workplace Learning Arrangements (Schools

STUDENT DETAILS

First Name _____ Last Name _____

Date of Birth / / Year Level _____

School Name and Address _____

_____

_____ Postcode _____ Telephone _____

Structured Workplace Learning Coordinator Name _____

IN CASE OF AN EMERGENCY, THE EMPLOYER SHOULD CONTACT THE STUDENT'S PARENT/CARER AND THE STRUCTURED WORKPLACE LEARNING COORDINATOR:

Parent/Carer Name _____ Contact Number _____

Additional Emergency Contact Name _____ Contact Number _____

PRIVACY INFORMATION: The information provided on this form is for the administration of Structured Workplace Learning Arrangements only and is not to be used for any other purpose. This information must be kept confidential.

WORK PLACEMENT DETAILS

Employer (business) name _____ Tel. _____

Business address _____ Postcode _____

Employer email address _____

Student's work location address _____ Postcode _____

Workplace contact person _____ Supervisor _____

Hours _____ am / pm, to _____ am / pm; on ❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday ❑ Saturday ❑ Sunday

from (commencement date) _____ to (completion date) _____ Total number of days

_____

If insufficient space for dates and hours, please attach additional sheet.

TRAVEL WITH EMPLOYER

The following sections are to be completed only if the Student is required to undertake vehicle travel with the Employer and/or nominated Supervisor/s as part of this Arrangement.

EMPLOYER ACKNOWLEDGEMENT

I, _____ [name of individual, or on behalf of the employer if employer is an incorporated body] will ensure that, if the student is required to undertake travel:

- the driver has a current and valid Australian driver's licence relevant to the vehicle the driver uses;
- the driver is not disqualified or suspended from driving;
- the driver is not subject to any other impediments to their ability to drive a motor or other vehicle (as relevant);
- the vehicle in which the Student is to be transported is comprehensively insured; and
- to the best of my knowledge the vehicle in which the Student is to be transported is roadworthy, safe for normal road use and suitable for the work-related purposes to which it will be put.

Signature _____ Date / /

PARENT/CARER CONSENT (if Student is aged under 18 years)

I, _____, consent to my child undertaking vehicle travel with the Employer and/or nominated Supervisor/s as part of this Arrangement.

Signature _____ ❑ Parent ❑ Carer Date / /

STUDENT CONSENT (if aged 18 years or over)

I, _____, consent to undertaking vehicle travel with the Employer and/or nominated Supervisor/s as part of this Arrangement.

Signature _____ Date / /

ACCOMMODATION ARRANGEMENTS

The following sections are to be completed only if the Student is required to stay at accommodation other than their normal place of residence for the purpose of this Arrangement.

ACCOMMODATION DETAILS

Who will the Student be staying with?

- ❑ Parent/Carer
- ❑ Other family member/s (e.g. grandparent, older sibling) – please specify _____
- ❑ Friends of the family
- ❑ Employer

Name of person responsible for supervising student at accommodation _____

Accommodation address _____ Postcode _____

Telephone: Business Hours _____ After hours _____ Length of stay _____

Travel arrangements to and from the workplace _____

PARENT/CARER CONSENT (only required if the Student is aged under 18 years)

I, _____,

- consent to my child staying at accommodation other than their normal place of residence for the purposes of this Arrangement;
- confirm that the accommodation arrangements as outlined above are suitable; and
- understand that I am responsible for the control and care of my child at all times while they are not under the care and control of the Employer, or any other person.

Signature _____ ❑ Parent ❑ Carer Date / /

STUDENT CONSENT (only required if aged 18 years or over)

I, _____,

- agree to stay at accommodation other than where I normally live so that I can complete this Arrangement;
- agree the accommodation described above is suitable for me; and
- understand that I am responsible for my actions and for looking after myself at all times while I am not under the care and control of the Employer, or any other person.

Signature _____ Date / /