Work Experience Arrangement Form

***Education and Training Reform Act 2006* – Ministerial Order 1413: Work Experience Arrangements (Schools)**

STUDENT DETAILS

First Name _____ Last Name _____

Date of Birth / / Year Level _____

School Name and Address _____

_____ Postcode _____ Telephone _____

Work Experience Coordinator Name _____

IN CASE OF AN EMERGENCY, THE EMPLOYER SHOULD CONTACT THE STUDENT'S PARENT/CARER AND THE WORK EXPERIENCE 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 Work Experience 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

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 Work Experience Arrangement commencing.
3. I have read and understood the Department of Education Work Experience 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 Work Experience 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 out.
6. I 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.
7. I will ensure that the Work Experience is undertaken in a non-discriminatory and harassment free environment.
8. I will permit access to the workplace and contact with the Student by the principal or nominated person or the Work Experience Coordinator at any reasonable time during the Work Experience Arrangement.
9. I will ensure that the Work Experience 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.
10. I will ensure that the maximum number of students in the workplace does not exceed one Student for every three employees.

11. If I have sought to engage more than the permitted number of Work Experience Students, I confirm that direct supervision will be provided for all Students.
12. 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.
13. I will notify the Work Experience Coordinator as soon as is possible if the Student is absent, injured or becomes ill in the course of undertaking the Work Experience.
14. I will consult with the principal or nominated person if I consider it necessary to terminate the Arrangement before the specified time.
15. 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.*
16. 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*.

If the Student is a Child (under 15 years of age): ❑

1. I confirm that any proposed Supervisor has a current Working With Children (WWC) clearance issued under section 68 of the *Worker Screening Act 2020* and will provide certified copies of these to the Principal.
2. I will advise the principal or nominated person immediately if there is a relevant change in circumstances with respect to a Supervisor as specified in section 72 of the *Worker Screening Act 2020* including, if the Supervisor is charged with, convicted of or found guilty of a relevant offence, becomes subject to reporting obligations, an extended supervision order, supervision order, detention order or if a relevant finding is made against the Supervisor.
3. I will notify the principal or nominated person immediately if a Supervisor receives written notice from the Secretary to the Department of Justice and Community Safety that the Secretary proposes or is required to revoke the Supervisor's WWC Clearance or has revoked the Supervisor's WWC clearance and has given the Supervisor a WWC exclusion.

I understand and accept the responsibilities set out above. Following the Principal's review of these details, I understand that they will determine whether or not the Student will undertake the Work Experience Arrangement proposed here.

Signature _____ Date / /

STUDENT AGREEMENT

I, _____ agree to take part in this Work Experience 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 Work Experience 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 complete the occupational health and safety program required by the Department of Education.

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 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 Work Experience.

Signature _____ Date / /

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 Work Experience 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 Work Experience.

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 1413 – Work Experience 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 work experience that the School does not have public liability insurance as set out above.

PRINCIPAL /NOMINATED PERSON CONSENT

I,_____ of_____

enter into an Arrangement for the above named Student of this school to be engaged for the purpose of Work Experience by the Employer named above in accordance with the provisions of the *Education and Training Reform Act 2006* and Ministerial Order 1413 – Work Experience 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 will complete 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 / /