 For use by

## External VET (EVET) provider

**Host Business:**

**EVET provider:**

**Student’s Name:**

**Original to be held by the EVET provider Copy 3: for the student**

**Copy 1: to be held by the school Copy 4: for the parent or carer Copy 2: for host employer**

**Student Placement Record**

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#### Tick more than one if applicable:

* **Placement with EVET provider**  **External Host employer**  **Accommodation away from home**

**Section 1: Student placement summary**

Start date Finish date Total number of days Related course/activity

Student’s starting time Finishing time Lunch break Student’s total hours

***Tick where relevant:*** Block One day per week Split shifts e.g. Hospitality

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**Shift details** (times/location)

EVET provider/Host employer ‘onsite’ address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact person

Phone Mobile

Email

# Student details

Year (e.g. 10, 11) Date of birth Student’s mobile no. Medicare no. **Details below (or attached) of any adjustment, medication or medical condition** (e.g. severe asthma, type 1 diabetes, epilepsy, anaphylaxis or other severe

### allergy), disability, learning and support need or factors the school or employer should know:

*Please tick where applicable:*

I am at risk of an anaphylactic reaction and will carry an adrenaline auto-injector, e.g. EpiPen and relevant ASCIA Action Plan. **Yes No**

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The host employer requires evidence of vaccination compliance. **Yes No**

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The placement includes out of normal business hours, e.g. 6-9pm **Yes No**

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If yes, name of student’s emergency contact out of normal business hours Parent/carer/other Home Phone Mobile Work Phone (if relevant)

* I have completed all pre-placement activities.  I will not use any mobile device to record conversations, video, or take photos
* I have been issued with a **Student Safety & Emergency Contact Card.**
* I know who to contact in case of emergency.
* I will inform both the host employer & my teacher as soon as possible, if I am unable to attend the workplace.
* I am aware of my rights and responsibilities.
* I am aware of the contents of the Privacy Notice on Page 3.
* I will comply with all reasonable directions of the host employer & their employees.
* I understand that if I feel unsafe during the placement, I have thewithout the permission from the host employer or supervisor.
* I will inform my supervisor & the EVET provider/school promptly of any injury or accident that involves me.

I understand and will follow the safety requirements for the host work place

and will not undertake unauthorised works or activities that may jeopardise the safety of myself or others.

* I know I must contact my school/EVET provider if I have any concerns about my placement.
* I understand that there are no negative consequences to me in reporting

right to not undertake the task & report the issue, as soon as possible. health & safety issues to my EVET provider/school, the host employer or to

* If I have access during the placement to business or personal information which is private or confidential, I will not convey thatmy parent(s) carers.

information to any person outside the host employer’s workplace. ***Student signature***

#### Date

**Section 2: School details**

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School phone number

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School's contact

Position

Front office hours Contacts phone/ mobile during business hours

* + If relevant, the school will provide a copy of the student’s current ASCIA Action Plan or health care plan cover sheet to the EVET provider/host employer and discuss it with them
  + The school gives permission for the student to undertake the placement organised by the EVET provider/host employer as outlined in this Student Placement Record
  + The school will follow up with the student after the placement to ensure any concerns or incident reporting are addressed
  + The travel form is completed, where relevant.
  + Any adjustments required by the student have been discussed with the student, their parent/carer and the employer.

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| --- | --- | --- |
| **Student’s Name:** | **EVET Provider:** | **Host Business:** |

**Section 3: EVET provider details**

EVET provider Email

EVET provider phone number

Office hours

Address

### EVET provider nominated contact, position and phone/mobile details

**during normal business**

**hours**

The EVET provider has read *the Guidelines for the External Delivery of VET Courses to Secondary Students (EVET)* and undertakes to ensure that:

* + the student is prepared for the workplace to optimise the student’s safety and achievement during their placement
  + *The Workplace Learning Guide for Employers is used by the* EVET provider/host employer
  + the student’s parents or carers are provided with a copy of *The Workplace Learning Guide for Parents and Carers*
  + if the placement involves accommodation away from home, additional preparation occurs and relevant documentation is completed & attached
  + the travel form is completed, where relevant.

**Section 4: Host employer details, if different from the EVET provider** (This first section may be completed by the student)

Name of organisation or trading name

Address Contact person

Position Postcode

Phone Email

Mobile Website

Location of placement (if different from above address)

***Request is for:*** HSC VET work placement or Other

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# Section 5: EVET providers who host students for work placement

Type of industry Main activity Approx no. years in current operation Approximate no. employees at proposed worksite Government enterprise Private enterprise Self-employed Other

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Tick only if you have hosted school students for work experience or work placement in the last 12 months.

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## Supervision and student hours

Name of the experienced employee who will provide on-going supervision. **The supervisor would not be a trainee or an apprentice.**

Supervisor’s name Position Phone number Student’s

starting time Finishing time Lunch break Student’s total hours

***Tick where relevant:*** Block One day per week Split shifts

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**Shift** details and location Start/finish details

### Please note: there are a number of hazardous activities which are prohibited for students undertaking placements. These are listed at:

[Prohibited activities and activities that need special consideration](https://education.nsw.gov.au/teaching-and-learning/curriculum/career-learning-and-vet/workplace-learning/keeping-students-safe)*.*

Or see [website](https://education.nsw.gov.au/teaching-and-learning/curriculum/career-learning-and-vet/workplace-learning)

Description of the proposed placement – in detail

**See** [*Completion of the Student Placement Record to meet the Department’s standard*](https://schoolsequella.det.nsw.edu.au/file/cb8c5e75-315c-4bff-aeb3-7ddb4011c45c/1/completion-of-student-placement-record.docx)*s or see* [*website*](https://education.nsw.gov.au/teaching-and-learning/curriculum/career-learning-and-vet/workplace-learning)

### Activities/duties to be undertaken by student

**Any activities or tasks the student is not to undertake** *e.g. no-go areas, machinery or equipment that is too dangerous for new or young workers to*

*operate.* ***Please be specific.***

|  |  |  |
| --- | --- | --- |
| **Student’s Name:** | **EVET provider:** | **Host Business:** |

**Section 5: EVET provider/Host employer placement details** (Continued from page 2)

**Indicate any risks to the student in the planned activities** *e.g. manual handing, repetitive activities, exposure to sun, chemicals, fumes, use of particular tools or equipment, proposed horse riding or use of farm vehicles.* ***Please be specific.***

**How will those risks be eliminated or controlled? *Please be specific.***

**Special conditions** *e.g. clothing, footwear, equipment, pre-training, vaccinations, transport, multiple sites, routine car travel & individual student needs.*

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| --- | --- | --- | --- | --- |
| ***Please tick if these are available to the student:*** | **Essential:** | first aid facilities | suitable toilet facilities | drinking water |
|  | ***Other:*** | lunch room | staff canteen | lockers |

Tick this box if you wish the student’s school to contact you prior to the placement e.g. to provide you with information about the student such as their experience, skill level, any adjustment required, or for you to discuss aspects of the student’s safety in the workplace.

## EVET provider/Host employer/workplace supervisor to complete the following declaration:

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I have read the relevant Workplace Learning Guide for Employersand am aware of the EVET providers host employer’s rights and responsibilities outlined in

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it 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 for the student under the supervision of myself or a capable and trustworthy employee briefed for the task.

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I confirm that the activities assigned are suitable for the student and that WHS risks have been assessed and managed in accordance with the requirements of the *Work Health and Safety Act 2011 (NSW).*

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I will check any health care concerns with the student and ensure they and their supervisor knows what to do in the case of a 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 EVET provider/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.

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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 personal protective equipment where needed) throughout the placement.

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I acknowledge that the student will not be paid in relation to the placement.

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I will notify the EVET provider/school if the student is ill, injured, absent without explanation or behaving inappropriately.

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I will notify the EVET provider/school immediately if I need to change sites, redirect students to another location or find asbestos on the site.

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I have read and understood the special responsibilities associated with working with children and young people as detailed in the section related to child protection in the relevantWorkplace Learning Guide for Employers. I understand students must report incidents to their school.



I am not aware of anything in the background of any staff member or other person who will have close contact with the student that would preclude that staff member or person from working with children.



I have informed employees of their responsibilities when working with children and young people.

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#### Signature of host employer/workplace supervisor Date

***Print Name Position***

**Privacy notice-for all parties**

The information provided by students, parents/carers and host employers is obtained for the purpose of coordinating a workplace learning opportunity for the school student. The EVET provider and the NSW Department of Education will use the information to meet student health, duty of care and child protection responsibilities and to support the information needs of the student, host employer and the parent/carer. The Work Placement Service Provider might access information related to HSC VET work placements but only with the approval of the principal.

Providing this information is voluntary. However, if you do not provide any of the information requested then the student may not be able to undertake the planned workplace learning.

The information you provide will be stored securely and kept for a minimum of three years where there is no further action relating to the placement. The information will only be disclosed for purposes directly related to the purpose for which it is collected.

You may correct any personal information by contacting the EVET provider and the student’s school representative.

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| --- | --- | --- |
| **Student’s Name:** | **EVET provider:** | **Host Business:** |
| **Section 6: Parent/carer permission** *(Must be completed for students aged under 18 years)* | | |

Name Relation to student

Address

Mobile Work Phone (*Optional)*

Home Phone Postcode

Contact phone number after normal business hours Email

I have read *The* [*Workplace Learning Guide for Parents and Carers*](https://schoolsequella.det.nsw.edu.au/file/5de5370e-2eb7-4aa8-b688-a24b5e21627c/1/workplace-learning-guide-for-parents-carers.pdf)and understand my role and responsibilities.

I have read the Additional Information for Parents regarding the insurance and indemnity arrangements as outlined on Page 2. See [Additional Information for parents](https://schoolsequella.det.nsw.edu.au/file/ef2f94b1-c8d0-4391-ada2-edecb85b5ec1/1/additional-info-parents.docx).

I will immediately notify the EVET provider and the school if I have any concerns and the school will follow up and action.

I am aware of the contents of the Privacy Notice on Page 3.

Their relationship to my child is and they have accepted these responsibilities.

**2. Years 9-10:** contact arrangements must be negotiated with the Principal by the parent/career and student. The arrangements are:

to be the willing and reliable contact out of normal business hours.

on telephone

I agree to make myself available as a contact for my child after normal business hours in the event of an emergency **OR**

**Years 11-12:** where relevant:

I nominate

**1.**

* Tick if the placement includes out of normal business hours e.g. 6-9pm.

If ticked, please respond to either 1 or 2 below:

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The workplace requires evidence of vaccination compliance. No Yes *(Please ring the school for more information).*

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| Tick if my child has the following medication, medical condition, (e.g. severe asthma, type 1 diabetes, epilepsy, anaphylaxis or other severe allergy)  disability or learning and support need that may affect their safety during the placement. Or N/A  if so what support or adjustment do you think your child will need to make their placement successful? If more space is needed, please attach the information |
| I understand that if my child is diagnosed as being at risk of anaphylaxis, I will provide an adrenaline auto-injector for my child for the placement. My child has a current ASCIA Action Plan or individual health care plan Yes  No  I consent to a copy being provided by the school to the EVET provider / host employer e.g. health care plan cover sheet.  Yes No |

* + Tick if the placement choice includes **overnight accommodation away from home**. I understand this will need special approval and additional documentation.
* I consent to my child in Year undertaking the placement outlined on this Student Placement Record.

**Section 7: School approval of the placement**

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| --- | --- | --- | --- | --- |
| Signature of parent/carer |  | Date |  | Where relevant: Years 11-12: signature/date of adult approved by the |
|  |  |  |  | Parent to be after the normal business hours contact |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

* Where the placement mandates a general construction induction training card/”white card”, it has been sighted.
* Where the placement involves accommodation away from home, relevant documentation is completed and attached.
* Where the host employer has asked to be contacted, the EVET provider/host employer has/has not been contacted. See the tick box on page 3.
* I am satisfied that all of the above have been completed and that all parts of this Student Placement Record are complete and signed as required and that the placement is suitable for this student.

***Signature of Principal/nominee Date***

***Print Name Nominee Position in School***

**Section 8: EVET provider approval of the placement**

* The student has been prepared for the workplace by the EVET provider to optimise the student’s safety and achievement during their placement.
* The placement is supported according to the Department’s [Workplace Learning Policy and Associated Documents and Forms.](https://education.nsw.gov.au/teaching-and-learning/curriculum/career-learning-and-vet/workplace-learning#Policy4)
* The EVET RTO will advise the school of any incidents affecting the safety of students, including near misses, while undertaking workplace learning. This will enable the school to implement the [department’s Incident Reporting Policy and Procedures. In](https://www.det.nsw.edu.au/policies/administrative/reporting/incident_reporting/PD20070362.shtml) accordance with the policy, incidents must be reported as soon as possible but within 24 hours.
* The student has been issued with a Student Safety and Emergency Contact Card and trained how to use it by the EVET provider in collaboration with the school.
* If medical information, support or adjustments are to be provided this has been shared with the host employer where relevant. If the student is diagnosed as being at risk of anaphylaxis, the EVET provider has confirmed with the school that the parent or career has provided an adrenaline auto-injector for their child for the placement.
* The school has provided a copy of the student’s current ASCIA Action Plan or health care plan cover sheet to the host employer and has discussed it with them. Tick:  N/A  Yes  No
* The EVET provider will undertake a phone call or supervisory visit during the placement and follow up with the student after placement.
* I am satisfied that all of the above have been completed and that all parts of this Student Placement Record are complete and signed as required and that the placement is suitable for this student.

***EVET provider signature Date***

***Print Name Position in EVET provider***

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