



QUALITY  
LinCS

# 2009 Workplace Learning Agreement Form

This document is to be referenced against the *Workplace Learning – Conditions & Guidelines 2004* revision DECS form ED258

School Name		School Contact Person	
School Address		Ph (08)	Fax (08)
		Mobile	
Suburb/town	P/code	Email	website

## Section A: Student Details

**Student is to complete all boxes in this section, carefully note the declaration below, then sign and date it.**

Family Name  Year Level

Given Name  Birth Date

### Student's Emergency Contact

Name:   
*(Parent / Caregiver / Other)*

Address:

Phone:  Home  Work  Mobile

Any special medical condition, medication or disability that may affect this student on work placement

*As a student on work placement, I agree to attend the workplace at the agreed time and days or notify both my workplace supervisor and the school promptly if I am unable to do so. I shall be appropriately dressed and comply with all reasonable directions. I shall promptly inform the workplace supervisor and the school of any incident or accident. I am aware that, in case of need, I may contact my supervising teacher or school.*

Student's Signature  Date: \_\_\_/\_\_\_/20\_\_\_

## Type of Workplacement

Work Experience  SWL Name of VET Course or Industry area   
*(tick relevant box)*

## Placements Dates

Date of Placement  /  / 20\_\_\_  /  / 20\_\_\_ or   
*From To*  
 Start Time  Lunch Time  Finish Time  Specify Other Arrangements

## Section B: Parent / Caregiver / Student 18 Yrs+ / Student Living Independently\*

**Parent / Caregiver/special student\* to carefully note, then complete, sign and date the relevant sections below**

I give permission for *(insert student's name)* \_\_\_\_\_ to be involved in the work placement program on the understanding that, in the event of illness or accident, the emergency contact shall be notified as soon as possible. If they cannot be contacted, I authorize the person in charge to obtain the services of a suitably qualified medical practitioner and to convey the student to a place suitable for treatment. I undertake to cover the costs of any unmet expenses incurred. I understand that I am responsible for transportation and any costs associated with the student travelling to and from the work placement.

Parent's/Caregiver's Signature  Date: \_\_\_/\_\_\_/20\_\_\_  
*(or student as per category listed above)*

Name (Block Letters Please)

**\* Note:** Student Living Independently\* refers to those receiving Youth Allowance and those the school recognizes as being responsible for their own education and living arrangements. Through the Contract of Necessity, they can sign for themselves for essential services.

- Department of Education & Children's Services
- Association of Independent Schools of SA
- Catholic Education SA



**Section C1: Work Placement Provider Details**

**Workplace provider to complete all sections in BLOCK PRINT**

Firm's Name	<input type="text"/>	Phone	<input type="text"/>
Firm's Address - Street	<input type="text"/>	P/code	<input type="text"/>
Suburb/town	<input type="text"/>		
Contact Person	<input type="text"/>	More than 3 employees	<input type="checkbox"/> Y <input type="checkbox"/> N
Contact No	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Phone</i>	<i>Fax</i>	<i>Mobile</i>
Location of Placement <i>(If different from above)</i>	<input type="text"/>		
Tasks to be performed	<input type="text"/>		
Special Conditions <i>(eg special clothing / safety equipment)</i>	<input type="text"/>		

**Section C2 Work Placement Provider**

**Workplace provider to carefully note then sign and date the relevant section below**

**I agree to accept** this student on work placement and to plan an appropriate program for their placement. All reasonable precautions will be taken in the workplace to ensure the health, safety and welfare of the student in a non-discriminatory and harassment free working environment. I will notify the school in the case of student illness, accident, inappropriate behaviour or any unexplained absence.

**Those work placement providers** who are mandated notifiers agree to acknowledge their responsibility under the Children's Protection Act 1993. All other work placement providers are reminded of their moral responsibility to report any suspected child abuse.

**I understand the student** will not be paid or given a reward of any description for work performed during the placement and will not be used to replace a paid or striking worker or be used to my advantage in industrial disputes.

**I understand** the student will be visited or telephoned by a teacher/staff member during the placement and that the student will not be involved with any tasks prohibited by insurance or legislation. The work placement provider, the school, the student or parents/caregivers may cancel the work placement at any time without notice.

**I certify that** Occupational Health, Safety and Welfare practices, procedures and systems are in place including the induction of people new to the work place.

**Insurance Arrangements**

**I understand** that while the student is participating in the work placement program they are covered by:

- DECS' self insurance arrangements in the case of students enrolled in government schools.
- The school's personal accident and public liability insurance policies in the case of students enrolled in non-government schools.

**I certify** that this work placement provider has a current public liability or protection and indemnity insurance policy **OR** I certify that this work placement provider is a large corporation, statutory authority, government department or instrumentality, and stands its own risk in terms of public liability in the event of injury to the student or damage or injury to a third party arising from the actions of the student, but which is attributable to negligence on the part of the proprietor or his/her employees or agents.

**Employer Approval for United Trades & Labor Council Notification (Not a required process for Independent Schools)**

<input type="checkbox"/>	<b>I agree to</b> the school informing the United Trades & Labor Council (UTLC) of the business name of this work placement provider and its location to assist in maintaining the highest standard of this student work placement.
<input type="checkbox"/>	<b>I do not agree</b> to this information being passed onto the UTLC

<b>Work Placement Provider's Signature</b>	<input type="text"/>	Date	<input type="text"/>
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**Section D: School Principal**

**To be signed and dated by the School Principal or Principal's Delegate once all other sections have been completed**

I give permission for this student to undertake a work placement with the above named work placement provider in accordance with the governing *Workplace Learning – Conditions & Guidelines* (2004).

<i>(Tick when applicable)</i>	<input type="checkbox"/>	I am aware this student is 14yrs of age and I approve the special arrangement of this work placement.
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<b>Principal / Principal's Delegate:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>
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\*\* Note: This form is not to be altered or changed except for the addition of an individual school logo and/or school address.

There must be three copies of this document completed and signed prior to the commencement of the workplacement :

The original form is returned to and kept by the school,  a copy is forwarded to workplace provider,  a copy is provided to the student.