

Work Placement Accident Form

Work Placement accidents are not covered under Worker's Compensation. Please do not register the accident with your worker's compensation provider. Dependent on which school is involved, they will have their own form of accident cover.

Host Employer

Business name	
Supervisor name	
Job Title	
Phone	
Email	
Date	
Signature	

Please fill out to the best of your ability.

Student Information

Student full name	
School	
Year	
VET Course e.g. Hospitality, Construction	
VET Teacher name and contact	

Accident Information

Address of accident e.g. Specific location where the accident occurred	
Date of accident	
Time of accident	

Who was notified and when?	Tick below: <ul style="list-style-type: none"> <input type="radio"/> Teacher <input type="radio"/> Parent/Carer <input type="radio"/> Emergency contact <input type="radio"/> The Youth Partnership <input type="radio"/> Other Time notified (am/pm):
Details of accident Please provide specific details. How? Were there any witnesses? Attach an appendix if more space is required.	
Details of injury that occurred	

Other Information

Was 000 emergency called? Give any details	
What medical treatment was required and how was it applied? Was a first aid officer onsite or was the student taken to a medical facility?	
Name(s) of who applied treatment	

Please complete and return within 48 hours of receiving this form to your Work Placement Coordinator directly or to workplacement@theyouthpartnership.com.au