Student placement record

The Student Placement Record (SPR) must be completed and signed by the student, host employer, parent or carer and school before workplace learning can start. A completed copy must be provided to the host employer, parent or carer and student. The original is to be held by the school.

Section 1: Student information (Parent to complete if student is under 16 years old)

☐ HSC VET work placement. VET course name _____ ☐ Work experience

☐ Accommodation away from home is required.

Student's name _____ School _____ Year (eg. 10,11) _____

Student age _____ Student Mobile number _____

Student email (school)_____

Provide details of **any** medical conditions or medication required eg. severe asthma, type 1 diabetes, epilepsy, anaphylaxis or other severe allergy. _____

_____

Provide details of any support or adjustments to make the placement successful.

_____

Student Declaration

If more space is needed, please attach the information. Student to read and sign declaration.

☐ **I have completed all preparation activities before attending placement.**

When on workplace learning I will:

- Carry my student safety and emergency contact card
- Inform the school and the host employer as soon as possible if I am unable to attend the placement
- Follow all reasonable directions and will not share host's business or personal information with others
- Work safely and only in areas that I am allowed
- Stop work if I feel unsafe and report any issues or accidents to my host supervisor and school as soon as possible
- Not use my mobile phone for any reason without permission from the host employer or supervisor
- Contact school or my emergency contact if I feel unsafe or have any concerns.

Student signature _____ **Date** _____

Section 2: School contact details

School name _____ School Email _____

School number _____ Nominated contact _____

Contact Position _____ Contact's number_____

The school confirms that:

- The student has been prepared for the workplace prior to the placement and has the appropriate skills and maturity to be safe in a workplace
- Contact during business hours has been provided
- The host employer has been provided a copy of The Workplace Learning Guide for Employers
- Student's parents/carers have been provided a copy of The Workplace Learning Guide for Parents and Carers.

Section 3: Host employer details

If more space is needed, please attach the information

Host employer _____ Contact person _____

Address _____ Position _____

Provide details of work location if different to the address above or if student travel is involved.

_____

Contact number _____ Mobile _____

Email _____ Website _____

Type of Industry _____ Main activity _____

Approx. years in current operation _____ Approx. number of employees _____

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

Tick if you require contact from the school ☐ or student ☐ prior to placement commencement.

Student supervision and hours to be worked

Name of experienced supervisor, must not be a trainee or apprentice _____

Position _____ Contact number _____

Start date _____ Finish date _____ Total number of days _____ Total hours worked _____

Student start time _____ Finish time _____ Break _____ If one day per week list the day _____

For split shifts: Shift 1 start time _____ finish time _____ Shift 2 start time _____ finish time _____

Activities and risk management – these sections must be completed

Please provide detailed responses to the following questions. This section details any risks, how they will be managed and assists the school to manage their non-delegable duty of care and satisfy your workplace obligations. For more information see: Completion of the student placement record to meet the department's needs.

For a list of activities that students **must not undertake** click on the link: Prohibited activities and activities that need special consideration.

List the activities to be undertaken by the student _____

_____

List activities that the student **must not undertake**. This includes no-go areas, specific machinery and equipment that is dangerous for new or young workers. Please note an extensive risk assessment must be completed for horse riding and the use of farm vehicles.

_____

_____

List any risks to the student in planned activities, please be specific. This includes manual handling, exposure to sun, chemicals, fumes, repetitive strain injuries and the use of dangerous tools or equipment.

_____

_____

How will the listed risks be eliminated or controlled, eg. induction first day, close supervision, tasks are demonstrated and supervised to completion.

_____

_____

List special conditions such as clothing, footwear, pre-training, vaccinations or student travel with host employer. _____

_____

Host employer declaration: Read the following and sign the document. I declare:

- I have read the Workplace Learning Guide for Employers and am aware of my rights and obligations to provide a safe and positive work environment for the student.
- If applicable, the vehicle in which the student is travelling is registered, the driver is licensed for the vehicle they will be driving, and provisional license holders comply with all their conditions.
- I will provide planned learning and skill development activities appropriate for the student under my supervision or that of a capable and trustworthy employee (not apprentice/trainee) briefed for the task.
- I confirm that the activities assigned are suitable for the student and that WHS risks have been assessed and managed in accordance with the Work Health and Safety Act 2011 (NSW).
- I will check any health care concerns with the student and ensure they and their supervisor know what to do in the case of an emergency i.e. where the student will keep their medication or adrenaline auto- injector- EpiPen.
- I will consult and cooperate with the school and will notify the school immediately of any health and safety incidents involving a student while on placement, including near misses.
- I will ensure that before the student commences their placement, they are provided a site-specific workplace induction and then with the appropriate information, instruction, training, supervision (and personal protective equipment where needed) throughout the placement.
- I acknowledge that the student will not be paid during the placement.
- I will notify the school immediately if the student is ill, injured, absent without explanation or behaving inappropriately or I need to change sites or find asbestos on the site.
- 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 obligations when working with children and young people.
- I am aware of the specific restrictions and prohibited activities for students and will ensure students are not asked to carry out any of these activities.
- I will provide the student with access to toilet facilities. drinking water and if required, first aid during the placement.
- I confirm my workplace is following the NSW government guidelines on COVID.
- I agree to all the above statements and will retain this document only for the period of the placement.

Host employer signature _____ **Name** _____ **Date** _____

Privacy notice: The information requested on this form is being collected by the Department of Education (the department). The department will use the information for the following purposes:

(i) Coordinating a workplace learning opportunity for the school student.
(ii) Meet student health, duty of care and child protection responsibilities.
(iii) Support the information needs of the student, host employer and the parent/carer.

Provision of this information is voluntary, however, if you do not provide all or any of the information requested the student may not be able to undertake the planned workplace learning. The department might share the information with a Work Placement Service Provider for the purpose of organising HSC VET work placements but only with the approval of the principal. You have the right to access and correct the information you provide. If you wish to do so, please contact the student's school. 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.

Section 4: Parent/carer permission

Name _____ Relationship to student_____

Contact number _____ Work number _____ Contact after business hours _____

Parent/carers email address _____

☐ **Tick if the placement includes out of normal business hours.** If ticked, please respond to either 1 or 2 below:

1. Years 11-12: I agree to be the contact for the student in the event of an emergency or:

I nominate _____ contact number _____ to be the reliable contact out of normal business hours. Their relationship to my child is _____ and they have accepted this responsibility and consent to their contact details being shared.

2. Years 9 -10: Contact arrangements must be approved by the principal.

The arrangements are: _____

- I have provided evidence of vaccination compliance as required by host employer. *(For information contact school)*
- I understand that if my young person is diagnosed as being at risk of anaphylaxis I will provide an adrenaline auto-injector for the placement. I consent to my young person's ASCIA Action Plan or individual health care plan being provided to the host employer.
- I understand that I am responsible for any expenses incurred by my young person as a result of accident or injury, prior to a claim submitted and processed under insurance provisions.
- I understand that special approval and additional documentation is required if the placement includes **overnight accommodation away from home.**
- I have read The Workplace Learning Guide for Parents/Carers and understand my role and responsibilities. I will immediately notify the school if I have any concerns, and the school will follow up.
- I confirm I have read and understand the contents of the Privacy Notice on Page 3.
- I confirm the details listed in the student information section on page 1 are correct if student is under 16 years old.

☐ By signing the electronic signature below, I confirm my consent for the student to participate in the work experience placement under the terms outlined above.

_____	_____	_____
Signature parent/carer	**Date**	**Signature of student (if over 18)**

Section 5: School declaration and approval of the placement

- The school will report any student incidents within 24 hours including near misses, in accordance with the department's incident reporting procedures within the Work health and safety policy.
- Proposed activities have been checked, are safe and appropriate to the capabilities of the student.
- Documentation of medical information, vaccinations, support or adjustments will be provided and shared with the host employer. If the student is diagnosed as being at risk of anaphylaxis, the school has confirmed that the parent or carer has provided an adrenaline auto-injector to the student.
- The school has provided a copy of the student's current ASCIA Action Plan or health care plan cover sheet to the host employer as per parent/carers consent (see above).
- General construction induction card (white card) has been sighted where applicable.
- Food handlers basic training certificate or equivalent units of competency to be sighted where applicable.
- Where the placement involves accommodation away from home, relevant documentation is completed and attached.
- The school has contacted the host employer where applicable. See check box page 2.
- Arrangements are in place for a teacher to phone or visit the student and host employer to check on the progress of the placement.

I am satisfied that all the above have been completed and all parts of this student placement record are complete and signed as required and the placement is suitable for the student.

_____	_____	_____	_____
Signature of principal/delegate	**Print name**	**Date**	**Position in school**