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 of age)

☐	HSC VET Work Placement	VET course name
☐	Work Experience	
☐	Accommodation away from home is required (additional documentation to be completed)	

Student name		Student year (e.g. 10, 11, 12)		Student age (at time of placement)	
Student school email		Student mobile number			

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

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

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

☐ I have completed all preparation activities before attending placement. I have read and understood the ISNSW Workplace Learning Guide for Students.

When I am undertaking workplace learning I will:

- 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 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 employer or supervisor
- Contact school or my emergency contact if I feel unsafe or have any concerns.

Student Signature		**Date**	

Section 2: School details

School name		School number	
Nominated contact		School email	
Nominated contact position		Contact's number	
Study School details (if different from Home School)			

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 the workplace.
- ☐ contact during business hours has been provided
- ☐ the host employer has been provided a copy of ISNSW Workplace Learning Guide for Employers
- ☐ student's parents/carers have been provided a copy of The ISNSW 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 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

Supervision and student hours

Name of experienced supervisor (must not to be a trainee or apprentice)			
Position		Contact number	
Start date		Finish date	
Total number of days		Total hours	
Start time		Finish time	
Break time		If one day a week, list day	

For split shifts:	Shift 1 start time		Finish time	
	Shift 2 start time		Finish time	

Activities and risk management (These sections cannot be left blank or N/A)

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 duty of care and satisfy your workplace obligations.

For more information and a list of activities that students are **not to undertake,** download the ISNSW Workplace Learning Guide for Employers and the Prohibited Activities Work Placement / Work Experience Guidelines from the ISNSW website.

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, e.g. induction first day, close supervision, tasks are demonstrated and supervised to completion.

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

Host Employer Declaration

Read the following declaration and sign the document. I declare that:

- I have read the ISNSW 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, where the student travels in a vehicle, the vehicle will be registered, the driver appropriately licensed and the licence holder will comply with all the conditions of their licence.
- I will provide planned learning and skill development activities appropriate for the student under the supervision of myself or 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 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 access to toilet facilities and drinking water and if required, first aid during the placement.
- I confirm my workplace is following the NSW government guidelines on COVID-19.

☐ I agree to all the above statements and will retain this document only for the period of the placement.

Host employer signature	**Print name**	**Date**

Privacy notice - for all parties

- Information provided by students, parents/carers and host employers is collected by the school for the following purposes:
  - coordinating a workplace learning opportunity for the school student
  - meeting student health, duty of care and child protection responsibilities
  - supporting the information needs of the student, host employer and parent/carer
- The information may be shared with a Work Placement Service Provider for the purposes of organising HSC VET work placements, but only with the approval of the principal
- Work Placement Service Providers may provide de-identified information about work placement to the Department of Education for governance purposes.
- Providing the requested 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. Information on the SPR may be corrected by contacting the relevant school representative, see Section 2.
- All information provided by and to all parties 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

Contact parent/carer Name		**Emergency Contact**	
Relationship to student		Relationship to student	
Contact number		Contact number	
Parent / carer contact email		This emergency contact has accepted this responsibility if the parent is unavailable. They consent to their details being shared	

- I agree to be contacted for the student in the event of an emergency outside normal school hours (9am-3pm). If I'm unavailable, I nominate the above contact; for Years 9-10, this is approved by the school principal (signature below).
- I have provided evidence of vaccination compliance as required by host employer. *(For information contact school)*
- I understand 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 ISNSW 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 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 the student is under 16 years of age.

☐ By signing I consent to the student undertaking the placement outlined on this Student Placement Record

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

Section 5: School approval of the placement

- The school will report any student incidents within 24 hours including near misses, in accordance with the school's incident reporting procedures.
- 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.
- Arrangements are in place for a teacher to phone or visit the student or 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 this student.

Home School **Signature of principal/delegate**	**Print Name**	**Date**	**Position in school**
EVET Provider or Study School **Signature of principal/delegate** (if the location of training is different to home school)	**Print Name**	**Date**	**Position in school**