External VET (EVET) student placement record

The EVET Student Placement Record must be completed and signed by the student, host employer, parent or carer, school and EVET provider 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 EVET provider.

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

☐ Placement with EVET provider ☐ Host employer ☐ 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 EVET provider, school and the host employer 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 _____ Email _____

School number _____ Nominated contact _____

Contact Position _____ Contact 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 relevant Workplace Learning Guide for Employers (*Government*, *Catholic*, *Independent* school sector) has been provided to the host employer
- The relevant Workplace Learning Guide for Parents and Carers (*Government*, *Catholic*, *Independent* school sector) has been provided to student's parents/carers.

Section 3: EVET provider details

EVET provider name _____ Contact person _____

Address _____ Contacts position _____

Email _____ Contact's number _____

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 relevant Workplace Learning Guide for Employers (*Government*, *Catholic*, *Independent* school sector) has been provided and used by the EVET provider / host employer
- The relevant Workplace Learning Guide for Parents and Carers (*Government*, *Catholic*, *Independent* school sector) has been provided to student's parents/carers.
- If the placement involves accommodation away from home, additional preparation occurs and relevant documentation is completed.

Section 4: Host employer details, if different from EVET provider

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 school sectors' standards.

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 relevant Workplace Learning Guide for Employers (*Government*, *Catholic*, *Independent* school sector) and I 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 responsibilities 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-19.
- 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 school sectors. The information will be used 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 school sectors 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 5: 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)*
- If the student 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 their student 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 relevant Workplace Learning Guide for Parents/Carers (*Government*, *Catholic*, *Independent* school sector) 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 4.

☐ 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 undertake the placement, under the terms outlined above.

_____ _____ _____

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

Section 6: School declaration and approval of the placement

- 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.

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**	**Delegate position in school**

Section 7: EVET provider declaration and 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.
- Proposed activities have been checked, are safe and appropriate to the capabilities of the student.
- The placement is supported according to the NSW Department of Education's Workplace Learning Policy and the sectors' associated documents and forms.
- 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 school's incident reporting procedures. In accordance with the Work health and safety 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.
- Documentation of medical information, vaccinations, support or adjustments will be provided and 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 carer 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 as per parent/carers consent.
- 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 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	**Print name**	**Date**	**EVET provider position**