

Work experience placements for school students

Agreement

Privacy statement

The Department of Education (the department) is collecting personal information on this form in order to make a work experience arrangement for a student under the *Education (Work Experience) Act 1996 (Qld)*. The personal information will only be used by authorised employees within the student's school, the department, and the nominated work experience provider for the purpose of organising and implementing the arrangement. The information may also be given to the Queensland Government Insurance Fund and WorkCover Queensland for the purpose of managing insurance coverage as required by the *Education (Work Experience) Act 1996 (Qld)*. Your information will not be given to any other person or agency unless you have given us permission or we are required by law to do so.

Work experience arrangement

This agreement establishes a work experience arrangement under the *Education (Work Experience) Act 1996 (Qld)*, and should be completed and signed, where indicated by the student, their parent, the work experience provider and Principal of the student's school.

School name:	Caloundra State High School	A N D	Provider's Business Name:	
School address:	88 Queen Street Caloundra QLD 4551		Provider's Business Address:	
Work experience coordinator:	Karen Shaw		Nominated supervisor Name:	
Phone:	07 5436 8444		Phone:	
Email:	ILO@caloundrashs.eq.edu.au		Email:	
PLACEMENT DETAILS				
Industry/ Occupation:		Model of work experience: (select one)	<input checked="" type="checkbox"/> Work sampling <input type="checkbox"/> Structured work placement	
Dates of placement:		Number of days:	Hours of work:	
Summary of key workplace activities			Example risk assessment activities (select activities undertaken, as appropriate)	
Directly supervised work sampling in compliance with workplace health and safety and industry specific laws, regulations or standards.			Telephone call <input checked="" type="checkbox"/> Workplace visit <input checked="" type="checkbox"/> Student induction activities <input checked="" type="checkbox"/> School-developed documents <input checked="" type="checkbox"/> Workplace-generated documents <input checked="" type="checkbox"/> Other:	
Special requirements for placement (e.g. uniform, personal protective clothing/equipment):				
STUDENT DETAILS				
Student name:		Date of birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Student Phone:		Student Email:		
Emergency Contact Name:		Emergency Contact phone:		
Medical information: (List any pre-existing medical conditions that may impact on the student's work experience placement. Please attach details of medications and health plans where relevant.)				

STUDENT RESPONSIBILITIES		
<p>I understand that my conditions of placement are:</p> <ul style="list-style-type: none"> attending my placement for the full work experience period immediately notifying my school and the work experience provider if I am unable to attend or am late demonstrating behaviour aligned to my school's responsible behaviour expectations and in keeping with the accepted standards of my work experience provider performing my duties to the best of my ability and complying with all reasonable directions given by the work experience provider following all workplace health and safety procedures in my workplace notifying my school and work experience provider of any incident or accident in the workplace which may involve me. 		
Student signature:	Date:	/ /2024
PARENT CONSENT (Applicable to students under 18 years of age)		
<p>I understand that my responsibilities relating to my student's work experience placement are:</p> <ul style="list-style-type: none"> providing any information about medical conditions and/or medication relating to my child which may impact on the safety of my child or the safety of others in the workplace organising transportation for my child to and from the work experience placement location paying any expenses related to my student's participation in the work experience placement contacting the school and work experience provider if my child is unable to attend or is late. <p>I consent to this work experience arrangement and _____ participating in work experience as stated.</p>		
Parent signature:	Date:	/ /2024
WORK EXPERIENCE PROVIDER'S AGREEMENT		
<p>I enter into an arrangement for the named student to be placed with me for the purpose of work experience. Conditions of placement are:</p> <ul style="list-style-type: none"> understanding my responsibilities relating to health and safety under the <i>Work Health and Safety Act 2011 (Qld)</i> providing students with relevant and appropriate training, where required, and direct supervision at all times while undertaking work-related activities allocating a workplace supervisor to the student and ensuring this person is aware of their responsibilities ensuring the permitted number of students accepted for work experience does not exceed the number of full-time employees informing the student of particular safety requirements of this workplace including personal protective clothing/equipment explaining workplace policies regarding bullying, harassment and discrimination and codes of conduct, and explaining processes for reporting problems or issues notifying the school/work experience coordinator of any incident or accident involving a school student, any action undertaken and damages to property involving the student during this placement explaining work tasks clearly and implementing reasonable adjustments where appropriate, for students with additional educational needs ensuring the student will not undertake activities which are prohibited by law, excluded under the department's liability cover, or unsuitable for a student placed in a work experience environment ensuring the hours worked by the student do not exceed the normal hours worked in my industry meeting with school staff who visit the workplace to discuss the student's progress completing any required documentation (e.g. student report) and returning it to the school ensuring the workplace supervisor has the contact details of the work experience coordinator in case an issue arises notifying the school/work experience coordinator of any unexplained absences by the student ensuring the student is not paid whilst undertaking work experience understanding the level of liability cover provided by the department and the activities excluded from insurance cover information which will be provided to me by the school understanding that the arrangement may be terminated at any time by either the school principal or me. 		
Work experience provider's signature:	Date:	/ /2024
PRINCIPAL'S AGREEMENT		
<p>I enter into an arrangement for the named student to be placed for the purpose of work experience with the above named work experience provider.</p>		
Principal's signature:	Date:	/ /2024

