

Workplace Learning Agreement Form

This form is to be completed and returned for school approval by:

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This document is to be referenced against the current version *Workplace Learning Guidelines*. No part of the existing text may be altered, deleted or added to. This document in its entirety is to be completed firstly by the student, then the workplace provider, followed by the parent/caregiver and finally by the principal/delegate. Schools are to attach to the completed and signed original, any additional forms, such as for maritime placements, accommodation away from home, or addendums documenting changes to work placement dates, time, location or tasks.

School use
<i>Date submitted</i>
Form check
Notes
Signature
Date
Data entered

Section A: School	School to complete
School contact person:	Mobile:
School name: Mount Barker High School	Fax: (08) 8391 0631 Tel: (08) 83911599
Street address: 2 Wellington Road	
Suburb/town: Mount Barker SA	P/C: 5251 Email: dl.0783.info@schools.sa.edu.au

Section B: Student and Work Placement Details	Student to complete
Family name:	Given name:
Birth date:	Age at time of placement: Year level:
<input type="checkbox"/> Work Experience	Identify industry area or VET course linked to this placement::
<input type="checkbox"/> Structured Work Placement	
Placement dates: From: / / 2021 To: / / 2021	Start time:
Identify any specific arrangements:	Lunch time:
	Finish time:
	Identify any special medical condition, medication, disability and/or learning needs that may affect this student on work placement If there is / are none please indicate 'Not Applicable'.
<i>Please attach further information if necessary.</i>	

Student to sign and date the following declaration

As a student on work placement, I agree to attend the workplace at the agreed time and days or to notify both my workplace supervisor and my school promptly if I am unable to do so. I shall be appropriately dressed and comply with all reasonable directions. I shall promptly inform the workplace supervisor and the school of any incident or accident. I will complete the required program of workplace preparation prior to beginning work placement. I am aware that, in case of need, I may contact my supervising teacher or school. I have read and understood the brochure 'A Guide to Workplace Learning for Students'.

Student signature:	Date:	/ / 2021
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Additional forms attached
<input type="checkbox"/> Maritime Workplace Learning Agreement
<input type="checkbox"/> Accommodation Away from Home
<input type="checkbox"/> Addendum to Workplace Learning

Section C: Emergency Contact Details	Parent/caregiver/independent student* to complete, sign, date
Name:	Relationship to student:
Address:	
Phone: Home:	Work: Mobile:

Parent/caregiver to sign and date declaration below

I give permission for:

to be involved in the work placement program under the conditions outlined in this document, particularly D1 and D2. In the event of illness or accident, the emergency contact shall be notified as soon as possible. If contact cannot be made, I authorise the supervisor in the workplace to obtain the services of a suitably qualified medical practitioner and to convey the student to a place suitable for treatment. I undertake to cover the costs of any unmet expenses incurred. I understand that I am responsible for transportation and any costs associated with travel to and from the work placement. I have read and understood the brochure 'A Guide to Workplace Learning for Parents and Caregivers'.

Parent/caregiver/independent student name (print):	Date:	/ / 2021
Parent/caregiver/independent student signature:	Date:	/ / 2021

- Department for Education & Child Development
- Association of Independent Schools of SA
- Catholic Education SA



*'independent student' refers to any student over 18, or whom the school recognises as being responsible for their own education and living arrangements.

Section D1: Workplace Provider Details**Workplace provider to complete all sections in BLOCK PRINT**

Firm name:		Phone:	
Firm postal address:			
Suburb/town:		P/C:	
Contact person:	Name:	Position:	
Contact details:	Phone:	Fax:	Email:
Location of placement <i>(If not same as above)</i>			
Tasks to be performed:	Will the student be required to travel as a passenger in an appropriately registered and insured work vehicle as part of their placement?		
Special conditions <i>(eg, special clothing / PPE Relevant History Screening)</i>			

Section D2: Workplace Provider Declaration**Workplace provider to note then sign / date the section below**

I certify that Work Health and Safety practices, procedures and systems are in place, including the induction of people new to the workplace.

I agree to accept this student on work placement and to plan and conduct an appropriate program in a non-discriminatory and harassment free environment. I will notify the school in the case of student illness, accident, inappropriate behaviour or any absence.

I give assurance that the student will be adequately supervised in a child safe environment. Those workplace providers who are mandated notifiers agree to acknowledge their responsibility under the *Children's Protection Act 1993*.

I understand the student will not be paid or given a reward of any description for work performed during the placement and will not be used to replace a paid or striking worker, or participate in industrial disputes.

I understand the student will be visited or telephoned by a teacher/staff member during the placement and that the student will not be involved with any tasks prohibited by insurance or legislation.

I acknowledge that there will not be more than 1 work placement student for the equivalent of 3 fulltime employees during this placement and that the information provided on this form is for the administration of workplace learning only. Subject to the requirements of the South Australian Government *Information Privacy Principles 1989 (re-issued 16 September, 2013)* this information is not to be used for any other purpose.

I acknowledge I have read and understood the brochure '**A Guide to Workplace Learning for Workplace Providers**'.

Insurance arrangements (Please tick relevant box)

I understand that while a student is participating in the work placement program they are covered by:

- DfE's self-insurance arrangements in the case of students enrolled in government schools, or
- The school's personal accident and public liability insurance policies in the case of students enrolled in non-government schools.

I certify that as the workplace provider:

I have a current public liability or protection and indemnity insurance policy, **OR**

my workplace is a large corporation, statutory authority, government department or instrumentality, and stands its own risk in terms of public liability in the event of injury to the student or damage or injury to a third party arising from the actions of the student, but which is attributable to negligence on the part of the workplace provider or their workers or agents.

Workplace provider approval for SA Unions Notification (not required for Independent Schools). Please tick one box.

I agree to the school informing the SA Unions of the business name of this workplace provider and its location to assist in maintaining the highest standard of this student work placement.

I do not agree to this information being passed onto the SA Unions.

Workplace provider signature**Date:**

/ / 2021

Section E: Principal / Delegate's Approval**School principal or delegate to sign /date once all other sections have been completed**

I certify that the student will have completed a program of workplace preparation and having done so, give permission for this student to undertake a work placement with the above-named workplace provider in accordance with the current *Workplace Learning Guidelines*.

The Principal must sign this Workplace Learning Agreement where any of the following apply.

The student will:

be only 14 yrs of age at the time of work placement require accommodation away from home for this placement

undertake this work placement interstate be undertaking a maritime work placement

Principal,
or *(please indicate)*

Name:

Delegate

Signature:**Date:**

/ / 2021

 original retained by the school a copy to workplace provider a copy to the student a copy to parent/caregiver