

# Unpaid Work Experience Registration Form

## Faculty of Medicine Student Research

### IMPORTANT INFORMATION

#### HOW TO USE THIS FORM

1. Use this form for seeking UQ approval for unpaid short-term research experiences.
2. Prior to commencement of experience, student should:
  - a. read and complete all details,
  - b. follow directions below for obtaining required signatures, and
  - c. submit fully signed for to Director of MD Student Research.

#### UQ TERMS AND CONDITIONS

- The student must be enrolled in a UQ Program for the duration of the activity.
- The research experience must be relevant to the student's education.
- The host institution must supervise the student on site and provide appropriate training and instruction to the student about work health and safety.
- The student, host organisation and UQ Authorised Person must sign this application prior to the commencement of the experience.
- Insurance cover will only apply to work or research experience undertaken with documented UQ approval.
- Currently enrolled UQ students who have approval from UQ to undertake unpaid work experience (including short term research experience) are covered by various UQ insurance policies for the duration of that work experience, including public liability, professional indemnity, medical malpractice (where relevant) and personal accident.

- For more information on insurance coverage, UQ students and staff can visit [Insurance Service's webpage](#). Host organisations, please contact the Director of MD Research for insurance details at [studentresearch@uq.edu.au](mailto:studentresearch@uq.edu.au).

#### STATUTORY REQUIREMENTS

The [Education \(Work Experience\) Act 1996 \(Qld\)](#) applies to this work experience. Conditions imposed by the Act include:

- work experience is not a mandatory or assessable component of an enrolled course;
- the work experience arrangement must be made before the student starts a work experience placement;
- if the student is a minor – a parent of the student must give written consent to the arrangement;
- **the student must not receive work experience for more than 30 days (240 hours) in a year.**
- the host institution must not provide work experience to more than the permitted number of students at the same time;
- the host institution must not provide work experience to the student at a time other than during the ordinary working hours of the place where the work experience is provided; and
- the student must not be paid for work experience.

**PLEASE NOTE: INFORMATION MUST BE TYPED (NOT HANDWRITTEN). SIGNATURES CAN BE DIGITAL OR HANDWRITTEN.  
ALL SECTIONS OF THE FORM MUST BE COMPLETED.**

### SECTION 1: STUDENT DETAILS

Name:	Student Number:
Address:	State:
Email:	Post Code:
Current Program & Year:	Current Date:

### SECTION 2: HOST ORGANISATION DETAILS

Organisation Name:	ABN:
Organisation Address:	State:
	Post Code:
Phone:	Email:

### SECTION 3: EXPERIENCE DETAILS

Number of hours of unpaid work experience already undertaken/approved in the same calendar year as this work experience:

**New Work Experience Period (dd/mm/yy):** to

**Total number of hours of new work experience (cannot exceed 240 hrs in one calendar year):**

Title/Description of Project and activities and tasks to be undertaken:

Location of research experience (where will the majority of tasks take place or work remotely):

Learning objectives:

Supervisor Name:

Supervisor Signature:

Supervisor Email:

#### SECTION 4: AUTHORISATION

UQ Student

I understand and agree with the above conditions.

Signature:

Head of Host Organisation or delegate

I understand and agree with the above conditions on behalf of the Host organisation.

Signature:

Print Name:

Print Name:

Date:

Date:

**Once fully completed by the student and host organisation,  
please email this signed form to the Director of MD Student Research at [studentresearch@uq.edu.au](mailto:studentresearch@uq.edu.au).  
The fully signed and approved form will be returned to the student and host organisation.**

**Please name this file as follows: Student's "surname\_calendar\_year\_student\_work\_experience\_research".**

#### UQ APPROVAL

Medical Dean or Delegate

I certify that the work experience is relevant to the student's education and approve the work experience for the specified period.

Name:

Signature:

Position:

Date: