Work experience placements for school students

Agreement



Privacy Statement

The Department of Education and Training ('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*. 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.

This agreement establishes a work experience arrangement under the *Education (Work Experience) Act 1996*, 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:			Provider's name:					
School address:		A	Provider's address:					
Work Experience Coordinator:		N D	Nominated Supervisor:					
Phone:			Phone:					
Email:			Email:					
PLACEMENT DET	AILS			<u>.</u>				
Industry/ Occupation:			del of work experience:		☐ Work sampling☐ Structured work placement			
Dates of		Nui	mber of		Hours of	<u> </u>	ласеттетт	
placement:		day	'S:		work:			
Summary of propo	sed student workplace activities (lis	st ma	in activities):					
Special requireme	nts for placement (e.g. uniform, pers	onal _l	protective clothing	ng/equipmer	nt):			
STUDENT DETAILS								
Student name:		Dat	e of birth:	/	/	Gender:	☐ Male ☐ Female	
Phone:		Em	ail:					
Emergency contact:			of school hou ergency phone					

Uncontrolled copy. Refer to the Department of Education and Training Policy and Procedure Register at http://ppr.det.qld.gov.au to ensure you have the most current version of this document.



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							
I understand that my conditions of placement include:							
attendance at 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 w	orkplace	which may involve me.					
Student signature:	Date:	/ /					
PARENT CONSENT (Applicable to students under 18 years of age)							
I understand that my responsibilities relating to my student's work experience placement	include:						
• 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 loc 	ation						
 notifying the school and work experience provider if my child is unable to attend or is 							
1	o ototo d						
I consent to participating in work experience as	s stated.						
Parent participating in work experience as	_	1 1					
	Date:	1 1					
Parent signature: WORK EXPERIENCE PROVIDER'S AGREEMENT	Date:	/ /					
Parent signature:	Date:	perience. Conditions of					
Parent signature: WORK EXPERIENCE PROVIDER'S AGREEMENT I enter into an arrangement for the named student to be placed with me for the purpose of	Date:	•					
Parent signature: WORK EXPERIENCE PROVIDER'S AGREEMENT I enter into an arrangement for the named student to be placed with me for the purpose of placement include: understanding my responsibilities relating to health and safety under the Work Health informing the student of particular safety requirements of this workplace including per	Date: f work ex and Saf rsonal pro	ety Act 2011 (Qld)					
Parent signature: WORK EXPERIENCE PROVIDER'S AGREEMENT I enter into an arrangement for the named student to be placed with me for the purpose of placement include: understanding my responsibilities relating to health and safety under the Work Health informing the student of particular safety requirements of this workplace including per notifying the school/work experience provider of any unexplained absences by the stream of the student of particular safety requirements of this workplace including per notifying the school/work experience provider of any unexplained absences by the stream of the school work experience provider of any unexplained absences by the stream of the school work experience provider of	Date: f work ex and Saf rsonal proudent	ety Act 2011 (Qld) otective clothing/equipment					
Parent signature: WORK EXPERIENCE PROVIDER'S AGREEMENT I enter into an arrangement for the named student to be placed with me for the purpose of placement include: understanding my responsibilities relating to health and safety under the Work Health informing the student of particular safety requirements of this workplace including per	Date: f work ex and Saf rsonal proudent	ety Act 2011 (Qld) otective clothing/equipment					
Parent signature: WORK EXPERIENCE PROVIDER'S AGREEMENT I enter into an arrangement for the named student to be placed with me for the purpose of placement include: understanding my responsibilities relating to health and safety under the Work Health informing the student of particular safety requirements of this workplace including per notifying the school/work experience provider of any unexplained absences by the strength notifying the school/work experience provider of any incident or accident involving a stand damages to property involving the student during this placement providing supervision for the student at all times	Date: f work ex and Saf rsonal pro udent school sto	ety Act 2011 (Qld) otective clothing/equipment udent, any action undertaken					
Parent signature: WORK EXPERIENCE PROVIDER'S AGREEMENT I enter into an arrangement for the named student to be placed with me for the purpose o placement include: understanding my responsibilities relating to health and safety under the Work Health informing the student of particular safety requirements of this workplace including per notifying the school/work experience provider of any unexplained absences by the strength of the school/work experience provider of any incident or accident involving as and damages to property involving the student during this placement providing supervision for the student at all times ensuring the hours worked by the student do not exceed the normal hours worked in ensuring the student will not perform work which is prohibited by law or is unsuitable	Date: f work exect an and Safersonal produdent school stu	ety Act 2011 (Qld) otective clothing/equipment udent, any action undertaken					
Parent signature: WORK EXPERIENCE PROVIDER'S AGREEMENT I enter into an arrangement for the named student to be placed with me for the purpose o placement include: understanding my responsibilities relating to health and safety under the Work Health informing the student of particular safety requirements of this workplace including per notifying the school/work experience provider of any unexplained absences by the strength of the school/work experience provider of any incident or accident involving a strength of the student during this placement providing supervision for the student at all times ensuring the hours worked by the student do not exceed the normal hours worked in	Date: f work exect an and Safersonal produdent school student my industrial for a student school schoo	ety Act 2011 (Qld) otective clothing/equipment udent, any action undertaken otry lent placed in a work					
Parent signature: WORK EXPERIENCE PROVIDER'S AGREEMENT I enter into an arrangement for the named student to be placed with me for the purpose or placement include: understanding my responsibilities relating to health and safety under the Work Health informing the student of particular safety requirements of this workplace including per notifying the school/work experience provider of any unexplained absences by the stream of the school/work experience provider of any incident or accident involving as and damages to property involving the student during this placement providing supervision for the student at all times ensuring the hours worked by the student do not exceed the normal hours worked in ensuring the student will not perform work which is prohibited by law or is unsuitable experience environment understanding that the arrangement may be terminated at any time by either the school ensuring the student is not paid whilst undertaking work experience	Date: f work ex a and Saf rsonal pro udent school stu my indus for a stuc pool princip	ety Act 2011 (Qld) otective clothing/equipment udent, any action undertaken etry lent placed in a work oal or myself					
Parent signature: WORK EXPERIENCE PROVIDER'S AGREEMENT I enter into an arrangement for the named student to be placed with me for the purpose or placement include: understanding my responsibilities relating to health and safety under the Work Health informing the student of particular safety requirements of this workplace including per notifying the school/work experience provider of any unexplained absences by the structure notifying the school/work experience provider of any incident or accident involving as and damages to property involving the student during this placement providing supervision for the student at all times ensuring the hours worked by the student do not exceed the normal hours worked in ensuring the student will not perform work which is prohibited by law or is unsuitable experience environment understanding that the arrangement may be terminated at any time by either the school ensuring the student is not paid whilst undertaking work experience understanding the level of liability cover provided by the Department of Education and	Date: f work ex a and Saf rsonal pro udent school stu my indus for a stuc pool princip	ety Act 2011 (Qld) otective clothing/equipment udent, any action undertaken etry lent placed in a work oal or myself					
Parent signature: WORK EXPERIENCE PROVIDER'S AGREEMENT I enter into an arrangement for the named student to be placed with me for the purpose or placement include: understanding my responsibilities relating to health and safety under the Work Health informing the student of particular safety requirements of this workplace including per notifying the school/work experience provider of any unexplained absences by the stream of the school/work experience provider of any incident or accident involving as and damages to property involving the student during this placement providing supervision for the student at all times ensuring the hours worked by the student do not exceed the normal hours worked in ensuring the student will not perform work which is prohibited by law or is unsuitable experience environment understanding that the arrangement may be terminated at any time by either the school ensuring the student is not paid whilst undertaking work experience	Date: f work ex a and Saf rsonal pro udent school stu my indus for a stuc pool princip	ety Act 2011 (Qld) otective clothing/equipment udent, any action undertaken etry lent placed in a work oal or myself					
Parent signature: WORK EXPERIENCE PROVIDER'S AGREEMENT I enter into an arrangement for the named student to be placed with me for the purpose or placement include: understanding my responsibilities relating to health and safety under the Work Health informing the student of particular safety requirements of this workplace including per notifying the school/work experience provider of any unexplained absences by the strend notifying the school/work experience provider of any incident or accident involving as and damages to property involving the student during this placement providing supervision for the student at all times ensuring the hours worked by the student do not exceed the normal hours worked in ensuring the student will not perform work which is prohibited by law or is unsuitable experience environment understanding that the arrangement may be terminated at any time by either the school ensuring the student is not paid whilst undertaking work experience understanding the level of liability cover provided by the Department of Education and Work Experience Provider's	Date: f work ex an and Saf rsonal pro udent school stu my indus for a stuc pool princip d Training	ety Act 2011 (Qld) otective clothing/equipment udent, any action undertaken etry lent placed in a work oal or myself					
Parent signature: WORK EXPERIENCE PROVIDER'S AGREEMENT I enter into an arrangement for the named student to be placed with me for the purpose of placement include: understanding my responsibilities relating to health and safety under the Work Health informing the student of particular safety requirements of this workplace including per notifying the school/work experience provider of any unexplained absences by the stonitying the school/work experience provider of any incident or accident involving as and damages to property involving the student during this placement providing supervision for the student at all times ensuring the hours worked by the student do not exceed the normal hours worked in ensuring the student will not perform work which is prohibited by law or is unsuitable experience environment understanding that the arrangement may be terminated at any time by either the scholensuring the student is not paid whilst undertaking work experience understanding the level of liability cover provided by the Department of Education and Work Experience Provider's signature:	Date: f work ex and Saf resonal pro udent school stu my indus for a stuc pool princip d Training Date:	ety Act 2011 (Qld) otective clothing/equipment udent, any action undertaken etry lent placed in a work oal or myself g. ///					
Parent signature: WORK EXPERIENCE PROVIDER'S AGREEMENT I enter into an arrangement for the named student to be placed with me for the purpose or placement include: understanding my responsibilities relating to health and safety under the Work Health informing the student of particular safety requirements of this workplace including per notifying the school/work experience provider of any unexplained absences by the st notifying the school/work experience provider of any incident or accident involving a sand damages to property involving the student during this placement providing supervision for the student at all times ensuring the hours worked by the student do not exceed the normal hours worked in ensuring the student will not perform work which is prohibited by law or is unsuitable experience environment understanding that the arrangement may be terminated at any time by either the schoen ensuring the student is not paid whilst undertaking work experience understanding the level of liability cover provided by the Department of Education and Work Experience Provider's signature: PRINCIPAL'S AGREEMENT I enter into an arrangement for the named student to be placed for the purpose of work experience provider.	Date: f work exemple and Safersonal production of the school student of the school student of the school principle described Training Date:	ety Act 2011 (Qld) otective clothing/equipment udent, any action undertaken etry lent placed in a work oal or myself g. ///					
Parent signature: WORK EXPERIENCE PROVIDER'S AGREEMENT I enter into an arrangement for the named student to be placed with me for the purpose or placement include: understanding my responsibilities relating to health and safety under the Work Health informing the student of particular safety requirements of this workplace including per notifying the school/work experience provider of any unexplained absences by the st notifying the school/work experience provider of any incident or accident involving a sand damages to property involving the student during this placement providing supervision for the student at all times ensuring the hours worked by the student do not exceed the normal hours worked in ensuring the student will not perform work which is prohibited by law or is unsuitable experience environment understanding that the arrangement may be terminated at any time by either the schole ensuring the student is not paid whilst undertaking work experience understanding the level of liability cover provided by the Department of Education and Work Experience Provider's signature: PRINCIPAL'S AGREEMENT I enter into an arrangement for the named student to be placed for the purpose of work experience.	Date: f work ex and Saf resonal pro udent school stu my indus for a stuc pool princip d Training Date:	ety Act 2011 (Qld) otective clothing/equipment udent, any action undertaken etry lent placed in a work oal or myself g. ///					

Uncontrolled copy. Refer to the Department of Education and Training Policy and Procedure Register at http://ppr.det.qld.gov.au to ensure you have the most current version of this document.

