Department of Education and Early Childhood Development

# Structured Workplace Learning Arrangement Form

***Education and Training Reform Act 2006* – Ministerial Order 55: Structured Workplace Learning Arrangements (Schools)**

## STUDENT DETAILS

Surname _____ First Name _____ Birth Date / /

School Name and Address _____

_____ Postcode _____ Telephone _____

Structured Workplace Learning Coordinator _____ Student Year Level _____

**IN CASE OF AN EMERGENCY, THE EMPLOYER SHOULD CONTACT THE STUDENT'S PARENT OR GUARDIAN AND THE STRUCTURED WORKPLACE LEARNING COORDINATOR:**

Name (Parent/Guardian) _____

Address _____ Postcode _____

Tel. (Home) _____ (Work) _____ (Mobile) _____

Emergency contact (Name and Tel.) _____

**PRIVACY INFORMATION: The information provided on this form is for the administration of Structured Workplace Learning Arrangements only and is not to be used for any other purpose. Health information will be provided if the Student has a medical condition or requires medication that may be relevant to their placement. This information must be kept confidential.**

## WORK PLACEMENT DETAILS

Employer (business) name _____ Tel. _____

Business address _____ Postcode _____

Type of industry _____ Primary activity at workplace _____

Student's work location address _____ Postcode _____

Workplace contact person _____ Supervisor _____

Activities the student will undertake (if insufficient space, attach separate sheet) _____

_____

Structured Workplace Learning hours _____ am / pm, to _____ am / pm; on ❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday

from (commencement date) _____ to (completion date) _____ Total number of days _____

Rate of payment $ _____ per day ($5.00 per day minimum)

## EMPLOYER ACKNOWLEDGEMENT (Employer to sign)

I, _____ [name of individual, or on behalf of the Employer if Employer is an incorporated body] agree that:

1. I understand occupational health and safety legislation and standards relevant to the conduct of my undertaking and will comply with these laws and standards with respect to the Student as if the Student were my employee.
2. I will identify all hazards relevant to the conduct of my undertaking and will assess and control all related risks. If I have not controlled all related risks I will inform the school of this fact prior to the Structured Workplace Learning Arrangement commencing.
3. I have read and understood the Department of Education and Early Childhood Development Structured Workplace Learning Guidelines for Employers. I will ensure that required planning, induction, supervision and safe systems of work are provided for the Student to maintain a safe and healthy Structured Workplace Learning Arrangement at all times.
4. I will consider and take into account the competency, maturity and physical capabilities of the Student in relation to all activities he or she will undertake. The Student's program of activities will be planned and carried out with these considerations in mind.
5. I will nominate a Supervisor (or Supervisors) of the Student who will be responsible for ensuring that my obligations as the Student's Employer are carried out.
6. I will provide appropriate information, training, instruction and supervision to the Student in respect of occupational health and safety and will provide any equipment and/or clothing which is required to comply with my duty of care toward the Student.
7. I will ensure that the Structured Workplace Learning is undertaken in a non-discriminatory and harassment free environment.
8. I will permit access to the workplace and contact with the Student by the Principal or the Structured Workplace Learning Coordinator at any reasonable time during the Structured Workplace Learning Arrangement.
9. I will ensure that the Structured Workplace Learning Arrangement is not used as a substitute for the employment of employees or the engagement of contractors and the payment of appropriate wages or fee for services to employees or contractors respectively.
10. I will ensure that the maximum number of students in the workplace does not exceed one Student for every three employees.
11. If I have sought to engage more than the permitted number of Structured Workplace Learning Students, I confirm that direct supervision will be provided for all Students.
12. Where the Principal has disclosed any necessary health information in relation to the Student I confirm that I will maintain the confidentiality of that health information and only disclose this information to another party if treatment is required for a known medical condition or in the case of a medical emergency.
13. I will notify the Structured Workplace Learning Coordinator as soon as is possible if the Student is absent, injured or becomes ill in the course of undertaking the Structured Workplace Learning.
14. I will consult with the Principal if I consider it necessary to terminate the Arrangement before the specified time.
15. I will advise the Principal if the industry to which this Arrangement relates includes potential exposure of the Student to scheduled carcinogenic substances and/or other hazardous substances as defined in the *Occupational Health and Safety Regulations 2007.*

I understand and accept the responsibilities set out above. Following the Principal's review of these details, I understand that he or she will determine whether or not the Student will undertake the Structured Workplace Learning Arrangement proposed here.

Signature _____ Date / /

## STUDENT AGREEMENT

I, _____ agree to take part in this Structured Workplace Learning Arrangement and to:

- ❑ carry out all reasonable and lawful directions of the Employer and perform my work to the best of my ability;
- ❑ comply with all reasonable workplace rules and requirements governing safety and behaviour;
- ❑ attend at the workplace on each day at the agreed time;
- ❑ inform both the Employer and the Structured Workplace Learning Coordinator as soon as possible if I am unable to attend work;
- ❑ promptly inform the Employer of any accident, injury or incident that may occur;
- ❑ dress appropriately for the workplace;
- ❑ agree that no payment will be made to me if the placement is with a Commonwealth Department or a body established under a Commonwealth Act;
- ❑ give my consent to donating back payment where the placement is with an organisation engaged wholly or mainly in an educational, charitable or community welfare service not conducted for profit and where I have determined that the whole of my payment will be donated back to the organisation.

**Students aged 18 years and over:**

- ❑ I agree to inform the Employer of any necessary medical information, including details of any known medical condition which may affect me and any medication or treatment which may be relevant.
- ❑ I understand that I am responsible for my transport to and from the workplace.

I understand that the Principal will determine whether or not I will undertake Structured Workplace Learning. I acknowledge that prior to commencing the placement under this Arrangement, I will be undertaking occupational health and safety training that is part of my Accredited Course of Study (VET students), or I will complete the occupational health and safety program required by the Department of Education and Early Childhood Development (non-VET students).

Student's signature _____ Date / /

## PARENT/GUARDIAN AGREEMENT AND CONSENT (Not required if the student is aged 18 years or over)

I, _____ consent to my child taking part in this Structured Workplace Learning Arrangement and I:

- ❑ agree that he or she will be subject to the direction and control of the Employer and nominated Supervisor(s);
- ❑ understand that all reasonable care for the health and safety of my child will be taken by the Employer and nominated Supervisor(s);
- ❑ expect my child to comply with all reasonable workplace rules and requirements governing safety and behaviour;
- ❑ understand that I am responsible for my child's transport to and from the workplace;
- ❑ agree that no payment will be made to my child if the placement is with a Commonwealth Department or a body established under a Commonwealth Act;
- ❑ give my consent to my child donating back payment where the placement is with an organisation engaged wholly or mainly in an educational, charitable or community welfare service not conducted for profit and where my child has determined that the whole of his or her payment will be donated back to the organisation;
- ❑ understand that I will be notified as soon as possible in the event of illness of or accident to my child, but where it is impracticable to communicate with me I authorise the person in charge at the workplace of the employer to consent to my child receiving such medical and surgical treatment (including the administration of an anaesthesia) as may be deemed necessary by a legally qualified medical practitioner, and administer such first-aid as is judged to be reasonably necessary;
- ❑ attach details of any known medical condition which may affect my child, and any medication or treatment which may be relevant;
- ❑ give my consent to the release of any necessary health information in relation to my child by the Principal to the Employer, for which the Principal is aware of and may disclose pursuant to the *Health Records Act 2001* (Vic).

I understand that the Principal will determine whether or not my child will undertake Structured Workplace Learning.

Signature _____ ❑ Parent or ❑ Guardian Date / /

## WORKSAFE INSURANCE AND PUBLIC LIABILITY INSURANCE

The Student is covered for WorkSafe Insurance by the Department of Education and Early Childhood Development (State of Victoria). The Student is covered by public liability insurance in accordance with Ministerial Order 55 – Structured Workplace Learning Arrangements, for the arrangement taken out by the party indicated below (Principal to tick the appropriate box):

❑ Department of Education and Early Childhood Development ❑ Non-Government school ❑ Employer

**NOTE: PUBLIC LIABILITY INSURANCE**

Public liability insurance of at least $10 million cover per event must be held or taken out, prior to the Student commencing Structured Workplace Learning under the Arrangement:

i. when an Arrangement is entered into by a Principal of a Government School in respect of a Government School student, by the Department of Education and Early Childhood Development with the insured being the Student and the Employer.

ii. when an Arrangement is entered into by a Principal of a Non-Government School in respect of a Non-Government School student – either:

   a. by that School, with the insured being the School and the Student; or

   b. by the Employer, with the insured being the Employer and the Student, if the Principal of that School has advised the Employer at least four (4) weeks prior to the Student commencing Structured Workplace Learning that the School does not have public liability insurance as set out above.

## PRINCIPAL CONSENT

I,_____Principal of _____

enter into an Arrangement for the above named Student of this school to be engaged for the purpose of Structured Workplace Learning by the Employer named above in accordance with the provisions of the *Education and Training Reform Act 2006* and Ministerial Order 55 – Structured Workplace Learning Arrangements, and on the basis of the information provided above and the employer's acknowledgements. I confirm that I have informed the Employer as to whether this school holds public liability insurance. I will ensure that the above mentioned student is undertaking occupational health and safety training that is part of their Accredited Course of Study, or has completed the occupational health and safety program required by the Department of Education and Early Childhood Development prior to commencing the placement under this Arrangement.

Principal's signature _____ Date / /