

Student Placement Record

- Original to be held by the P/C RTO
- Copy 1: to be held by the school
- Copy 2: for host employer
- Copy 3: for the student
- Copy 4: for the parent or carer

Student's Name:	P/C RTO:	Host Business:
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Tick more than one if applicable:

- Placement with P/C RTO
 External Host employer
 Accommodation away from home

Section 1: Student placement summary

Start date _____ Finish date _____ Total number of days _____ Related course/activity _____
 Student's starting time _____ Finishing time _____ Lunch break _____ Student's total hours _____

- Tick where relevant:**
 Block
 One day per week
 Split shifts e.g. Hospitality

Shift details (times/location) _____
 P/C RTO/Host employer 'onsite' address _____ Contact person _____
 _____ Phone _____ Mobile _____
 _____ Email _____

Student details

Year (e.g. 10,11) _____ Date of birth _____
 Student's mobile no. _____ Medicare no. _____

Details below (or attached) of any adjustment, medication or medical condition (e.g. severe asthma, type 1 diabetes, epilepsy, anaphylaxis or other severe allergy), **disability, learning and support need or factors the school or employer should know:**

Please tick where applicable:

I am at risk of an anaphylactic reaction and will carry an adrenaline auto-injector, e.g. EpiPen and relevant ASCIA Action Plan. Yes No

The host employer requires evidence of vaccination compliance. (NEW) Yes No

The placement includes out of normal business hours, e.g. 6-9pm Yes No

If yes, name of student's emergency contact out of normal business hours _____

Parent/carer/other _____ Home Phone _____

Mobile _____ Work Phone (if relevant) _____

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> I have completed all pre-placement activities. <input type="checkbox"/> I have been issued with a Student Safety & Emergency Contact Card. <input type="checkbox"/> I know who to contact in case of emergency. <input type="checkbox"/> I will inform both the host employer & my teacher as soon as possible, if I am unable to attend the workplace. <input type="checkbox"/> I am aware of my rights and responsibilities. <input type="checkbox"/> I am aware of the contents of the Privacy Notice on Page 3. <input type="checkbox"/> I will comply with all reasonable directions of the host employer & their employees. <input type="checkbox"/> I understand that if I feel unsafe during the placement, I have the right to not undertake the task & report the issue, as soon as possible. <input type="checkbox"/> If I have access during the placement to business or personal information which is private or confidential, I will not convey that information to any person outside the host employer's workplace. | <ul style="list-style-type: none"> <input type="checkbox"/> I will not use any mobile device to record conversations, video, or take photos without the permission from the host employer or supervisor. <input type="checkbox"/> I will inform my supervisor & the RTO/school promptly of any injury or accident that involves me. <input type="checkbox"/> I understand my responsibilities during the placement to support work, health & safety in the host workplace. I know I must not do anything to jeopardise the safety of myself or others. <input type="checkbox"/> I know I must contact my RTO/school if I have any concerns about my placement. <input type="checkbox"/> I understand that there are no negative consequences to me in reporting health & safety issues to my RTO/school, the host employer or to my parent(s)/carers. |
|--|--|

Student signature _____

Date _____

Section 2: School details

School _____	Email _____
Address _____	School phone number _____
_____	Front office hours _____
_____	School's nominated contact, position and phone/mobile details during normal business hours _____
_____	_____

- If relevant, the school will provide a copy of the student's current ASCIA Action Plan or health care plan cover sheet to the P/C RTO host employer and discuss it with them
- The school gives permission for the student to undertake the placement organised by the P/C RTO/host employer as outlined in this Student Placement Record
- The school will follow up with the student after the placement to ensure any concerns or incident reporting are addressed
- The travel form is completed, where relevant. (NEW)

Student's Name:	P/C RTO:	Host Business:
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Section 3: P/C RTO details

P/C RTO _____	Email _____
_____	P/C RTO phone number _____
Address _____	Office hours _____
_____	P/C RTO nominated contact, position and phone/mobile details during normal business hours _____
_____	_____
_____	_____

The P/C RTO has read *the RTO Support Package for P/C RTOs delivering HSC courses* and undertakes to ensure that:

- the student is prepared for the workplace to optimise the student's safety and achievement during their placement
- The Workplace Learning Guide for Employers is used by the P/C RTO/host employer*
- the student's parents or carers are provided with a copy of *The Workplace Learning Guide for Parents and Carers*
- if the placement involves accommodation away from home, additional preparation occurs and relevant documentation is completed & attached.
- the travel form is completed, where relevant. (NEW)

Section 4: Host employer details, if different from the RTO (This first section may be completed by the student)

Name of organisation or trading name _____

Address _____ Contact person _____

_____ Position _____

_____ Postcode _____ Phone _____

Email _____ Mobile _____

Website _____ Fax _____

Location of placement (if different from above address) _____

Request is for: HSC VET work placement or Other _____

Section 5: P/C RTO/Host employer placement details

Overview

Type of industry _____ Main activity _____

Approx no. years in current operation _____ Approximate no. employees at proposed worksite _____

Government enterprise Private enterprise Self-employed Other _____

Tick only if you have hosted school students for work experience or work placement in the last 12 months.

Supervision and student hours

Name of the experienced employee who will provide on-going supervision. **The supervisor would not be a trainee or an apprentice.**

Supervisor's name _____ Position _____ Phone number _____

Student's starting time _____ Finishing time _____ Lunch break _____ Student's total hours _____

Tick where relevant: Block One day per week Split shifts

Shift details and location _____

Start/finish details _____

Please note: there are a number of hazardous activities which are prohibited for students undertaking placements. These are listed at:
[Prohibited activities and activities that need special consideration.](#)
 Or see website <https://www.det.nsw.edu.au/vetinschools/worklearn/ProhibitedActivities.html>

Description of the proposed placement – in detail

See [Completion of the Student Placement Record to meet the Department's standards](#) or see website <https://www.det.nsw.edu.au/vetinschools/worklearn/worklearnpolicy.html>

Activities/duties to be undertaken by student _____

Any activities or tasks the student is not to undertake e.g. no-go areas, machinery or equipment that is too dangerous for new or young workers to operate. Please be specific.

Student's Name:	P/C RTO:	Host Business:
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Section 5: P/C RTO/Host employer placement details (Continued from page 2)

Indicate any risks to the student in the planned activities e.g. manual handling, repetitive activities, exposure to sun, chemicals, fumes, use of particular tools or equipment, proposed horse riding or use of farm vehicles. **Please be specific.**

How will those risks be eliminated or controlled? **Please be specific.**

Special conditions e.g. clothing, footwear, equipment, pre-training, vaccinations, transport, multiple sites, routine car travel & individual student needs.

Please tick if these are available to the student:

Essential:	<input type="checkbox"/> first aid facilities	<input type="checkbox"/> suitable toilet facilities	<input type="checkbox"/> drinking water
Other:	<input type="checkbox"/> lunch room	<input type="checkbox"/> staff canteen	<input type="checkbox"/> lockers

Tick this box if you wish the student's school to contact you prior to the placement e.g. to provide you with information about the student such as their experience, skill level, any adjustment required, or for you to discuss aspects of the student's safety in the workplace.

P/C RTO/Host employer/workplace supervisor to complete the following declaration:

- I have read [The Workplace Learning Guide for Employers](#) and am aware of the P/C RTO host employer's rights and responsibilities outlined in it and the need to provide a safe and positive environment for the student, free from harassment and discrimination.
- I will provide planned learning and skill development activities appropriate for the student under the supervision of myself or a capable and trustworthy employee briefed for the task.
- I confirm that the activities assigned are suitable for the student and that WHS risks have been assessed and managed in accordance with the requirements of the *Work Health and Safety Act 2011 (NSW)* and [Completion of the Student Placement Record to meet the Department's standards](#).
- I will check any health care concerns with the student and ensure they and their supervisor knows what to do in the case of a medical event i.e. where the student will keep their medication, e.g. an adrenaline auto-injector-EpiPen.
- I will consult and cooperate with the RTO/school and will notify the school immediately of any health and safety incidents involving a student while on placement, including near misses, to enable the Department of Education to fulfil its WHS obligations.
- I will see that the student is first provided with a site-specific workplace induction and then with the appropriate information, instruction, training, supervision (and personal protective equipment where needed) throughout the placement.
- I acknowledge that the student will not be paid in relation to the placement.
- I will notify the RTO/school if the student is ill, injured, absent without explanation or behaving inappropriately.
- I will notify the RTO/school immediately if I need to change sites, redirect students to another location or find asbestos on the site.
- I have read and understood the special responsibilities associated with working with children and young people as detailed in the section related to child protection in *The Workplace Learning Guide for Employers*. I understand students must report incidents to their school.
- I am not aware of anything in the background of any staff member or other person who will have close contact with the student that would preclude that staff member or person from working with children.
- I have informed employees of their responsibilities when working with children and young people.

Additional Information for Employers is available at: <https://www.det.nsw.edu.au/vetinschools/worklearn/worklearnpolicy.html> or scan the QR code opposite.



Signature of host employer/workplace supervisor

Date

Print Name

Position

Privacy notice-for all parties

The information provided by students, parents/carers and host employers is obtained for the purpose of coordinating a workplace learning opportunity for the school student. The P/C RTO and the NSW Department of Education will use the information to meet student health, duty of care and child protection responsibilities and to support the information needs of the student, host employer and the parent/carer. The Work Placement Service Provider might access information related to HSC VET work placements but only with the approval of the Principal.

Providing this information is voluntary. However, if you do not provide any of the information requested then the student may not be able to undertake the planned workplace learning.

The information you provide will be stored securely and kept for a minimum of two years where there is no further action relating to the placement. The information will only be disclosed for purposes directly related to the purpose for which it is collected.

You may correct any personal information by contacting the P/C RTO and the student's school.

Student's Name:	P/C RTO:	Host Business:
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Section 6: Parent/carer permission (Must be completed for students aged under 18 years)

Name _____ Relation to student _____
 Address _____ Mobile _____ Work Phone _____
 (Optional) _____ Home Phone _____ Medicare no. _____
 _____ Postcode _____ Contact phone number after normal business hours _____

Email _____

- I have read *The Workplace Learning Guide for Parents and Carers* and understand my role and responsibilities.
- I have read the Additional information for Parents regarding the insurance and indemnity arrangements as outlined on Page 2. Additional information for parents is available at: <https://www.det.nsw.edu.au/yetinschools/worklearn/worklearnpolicy.html>
- I will immediately notify the P/C RTO and the school if I have any concerns and the school will follow up and action.
- I am aware of the contents of the Privacy Notice on Page 3.



Tick if the placement includes out of normal business hours e.g. 6-9pm.
 If ticked, please respond to either 1 or 2 below:

1. Years 11-12: where relevant: I agree to make myself available as a contact for my child after normal business hours in the event of an emergency **OR** I nominate _____ on telephone _____ to be the willing and reliable contact out of normal business hours.
 Their relationship to my child is _____ and they have accepted these responsibilities.

2. Years 9-10: contact arrangements must be negotiated with the Principal by the parent/carer and student. The arrangements are: _____

The workplace requires evidence of vaccination compliance. No Yes (Please ring the school for more information).

Tick if my child has the following medication, medical condition, (e.g. severe asthma, type 1 diabetes, epilepsy, anaphylaxis or other severe allergy) disability or learning and support need that may affect their safety during the placement. _____ Or N/A

If so what support or adjustment do you think your child will need to make their placement successful? _____

If more space is needed, please attach the information

I understand that if my child is diagnosed as being at risk of anaphylaxis, I will provide an adrenaline auto-injector for my child for the placement.

My child has a current ASCIA Action Plan or individual health care plan. Yes No

I consent to a copy being provided by the school to the P/C RTO / host employer e.g. health care plan cover sheet. Yes No

- Tick if the placement choice includes **overnight accommodation away from home**. I understand this will need special approval and additional documentation.
- I consent to my child in Year _____ undertaking the placement outlined on this Student Placement Record.

Signature of parent/carer _____ **Date** _____ *Where relevant: Years 11-12: signature/date of adult approved by the parent to be after the normal business hours contract*

Section 7: P/C RTO approval of the placement

- The student has been prepared for the workplace by the P/C RTO to optimise the student's safety and achievement during their placement.
 - The placement is supported according to the Department's [Workplace Learning Policy and Associated Documents and Forms](#).
 - The P/C RTO will advise the school of any incidents affecting the safety of students, including near misses, while undertaking workplace learning. This will enable the school to implement the [Department's Incident Reporting Policy and Procedures](#). In accordance with the Policy, incidents must be reported as soon as possible but within 24 hours.
 - The student has been issued with a Student Safety and Emergency Contact Card and trained how to use it by the P/C RTO in collaboration with the school.
 - If medical information, support or adjustments are to be provided this has been shared with the host employer where relevant. If the student is diagnosed as being at risk of anaphylaxis, the P/C RTO has confirmed with the school that the parent or career has provided an adrenaline auto-injector for their child for the placement.
 - The School has provided a copy of the student's current ASCIA Action Plan or health care plan cover sheet to the host employer and has discussed it with them.
 Tick: N/A Yes No
 - The P/C RTO will undertake a supervisory visit or phone call during the placement and follow up with the student after placement.
- I am satisfied that all of the above have been completed and that all parts of this Student Placement Record are complete and signed as required and that the placement is suitable for this student.

P/C RTO Manager or Nominee _____ **Date** _____
Print Name _____ **Position in P/C RTO** _____

Section 8: School approval of the placement

- Where the placement mandates a general construction induction training card/"white card", it has been sighted. (NEW)
 - Where the placement involves accommodation away from home, relevant documentation is completed and attached.
 - Where the host employer has asked to be contacted, the P/C RTO/host employer has/has not been contacted by phone/visit. See the tick box on page 3.
 - The school will undertake a supervisory visit or phone call during the placement and follow up with the student after the placement.
- I am satisfied that all of the above have been completed and that all parts of this Student Placement Record are complete and signed as required and that the placement is suitable for this student.

Signature of Principal/Nominee _____ **Date** _____
Print Name _____ **Nominee Position in School** _____