

INABURRA SCHOOL

WORK EXPERIENCE PLACEMENT FORM 2021

STUDENT INFORMATION		
Student's Given Names/s		
Student's Surname		Home Group
Mobile		DOB
Medicare No		

MEDICAL		
Do you have a medical condition? <i>If yes, provide details and attach relevant documentation</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any special needs or disability? <i>If yes, provide details and attach relevant documentation</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PARENTS / CAREGIVERS			
Full Name			
Relationship		Contact Number	
Full name			
Relationship		Contact Number	

EMERGENCY CONTACT IF PARENT NOT AVAILABLE			
Full name		Relationship	
Address		Contact Number	

Personal learning objectives for the duration of the placement

STUDENT DECLARATION

- During my placement I will perform my duties to the best of my ability; comply with all reasonable directions from my Host Employer (and employees nominated by the Host employer) and adhere to all policies and procedures.
- I have participated in pre-placement activities to optimise my safety and performance during my work experience placement.
- I am aware of my rights and responsibilities and emergency contacts and procedures if needed.
- I will notify my Workplace Supervisor and the Work Experience Co-ordinator at Inaburra promptly of any injury, accident or incident that may have occurred.
- I will treat all information I have access to during work experience with the highest level of confidentiality.
- I will behave in accordance with Inaburra’s code of conduct at all times.
- On completion of section 1 of the ‘Work Experience Placement Form’ I will provide a copy to all relevant parties for them to then complete their respective sections and return this to Inaburra by the due date.
- I agree to information on this form being released to employers for the purpose of work experience.
- I have read and understood Inaburra’s ‘Student Guide to Work Experience’ and will complete all tasks as specified.
- I will catch up on ALL the work I miss as classes run as usual whilst I am on Work Experience BEFORE re-entering class the following week.

Student’s Signature

Date

Parent’s Signature

Date

HOST EMPLOYER

GENERAL

Employer		Industry	
Address		Contact number	

WORKPLACE SUPERVISOR

Name			
Department		Position	
Email		Contact number	

WORK EXPERIENCE PLACEMENT

Start Date		Finish Date	
Start Time		Finish Time	
Placement Duration		Lunch Break	
Orientation Date		Orientation Time	

Meals

Bring own Provided by host employer Canteen facilities available Shops nearby

Dress standards	
Footwear requirements	
Other	

Summary of tasks the student will complete during placement:

HOST EMPLOYER DECLARATION

- I agree to supervise and support the student for the duration of the placement.
- The student will not undertake activities involving 'no-go' areas or use machinery or equipment that is deemed dangerous for new, young and/or untrained employees to operate.
- I acknowledge that the student is not an 'employee' or 'worker' within the meaning of the NSW Workers Compensation Legislation.
- I agree to act in accordance with all relevant workplace and employment legislation including those set out in the WHS, and Anti Harassment and Bullying Acts. This includes assessing activities to ensure they are suitable and safe for the student.
- I agree to provide the student with site-specific workplace induction, training and supervision for the duration of the placement
- Where the student has notified me of specific medical and/or special needs they have, I accept the responsibility of supporting these needs for the duration of the placement and will maintain student confidentiality.
- I have read Inaburra School's 'Employer Guide to Work Experience' and am aware of my rights and responsibilities.
- I am aware of the special responsibilities associated with working with children as detailed in the section related to child protection in Inaburra School's 'Employer Guide to Work Experience' and under Child Protection Legislation.
- I am not aware of anything in the background of any member of staff, contractor or any other person who will have close contact with the student that would legally preclude that staff member or person from working with children.

Employer's Name

Employer's Signature

Date

PARENT'S / CAREGIVER'S DECLARATION

- I have read and understand Inaburra School's 'Parent Guide to Work Experience'. The student will not undertake activities involving 'no-go' areas or use machinery or equipment that is deemed dangerous for new, young and/or untrained employees to operate.
- I consent to the placement proceeding as specified in Sections 1 and 2 of this 'Work Experience Placement Form'.
- I understand that the information provided on the 'Work Experience Placement Form' will be given to the Host Employer for the purpose of work experience organisation and management.
- I have checked through this 'Work Experience Placement Form' and confirm that all information provided in Section 1 is complete and accurate.

Parent/Caregiver's Name

Parent/Caregiver's Signature

Date

INABURRA SCHOOL'S DECLARATION

The School undertakes to ensure that:

- The student is prepared for the workplace in accordance with any curriculum/syllabus and safety requirements.
- The placement is supported in accordance with the documents entitled: 'Employer Guide to Work Experience', 'Student Guide to Work Experience' and 'Employer Guide to Work Experience'.

School's Authorisation Name

School's Authorisation Signature

Date

KEY CONTACT

MR STUART JONES
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PRIVACY NOTICE

Approved work experience is an educational initiative of this school. Personal information collected is for the purpose of program management, including the discharge of the school's duty of care inclusive of statutory child protection requirements. All personal information is collected in accordance with the school's privacy policy.