



WORKPLACE LEARNING AGREEMENT FORM

The Workplace Learning Agreement form must be completed prior to a student undertaking any type of workplace learning as defined by the relevant sector's Workplace Learning Procedures.

SCHOOL DETAILS

School name: SEAVIEW HIGH SCHOOL	School contact name: RICHARD HARRINGTON	
Email: richard.harrington376@schools.sa.edu.au	Mobile: 0439809464	Phone: 83778000
Address: SEACOMBE ROAD, SEACOMBE HEIGHTS.		

TYPE OF WORK PLACEMENT:

Work experience
 Virtual work experience
 Structured workplace learning
 Work trial leading to an apprenticeship or traineeship for a school student

Industry area or VET course linked to this placement:

Section 1: STUDENT

This section is to be completed under the guidance of the home school.

1.1 Student name:	Mobile:	Home phone:
Email:	D.O.B:	Year level/home group/class:

Additional needs: Identify any medical condition, medication, disability or learning needs that may impact this student on work placement including adjustments required. If none, please record not applicable.

1.2 Parent/caregiver name:	Relationship to student:
Email:	Alternative phone number:
Mobile:	
Address:	

Does the student need to travel away from home (not their usual place of residence) which requires an overnight stay to access the work placement?

Yes complete section 1.3 No proceed to section 1.4

1.3 Away from home supervisor name:	Relationship to student:
Away from home address:	Phone:
1.4 Emergency contact name:	Relationship to student:
Email:	Phone:
Mobile:	
Address:	

1.5 Student learning goal: (eg as part of my Exploring Identities and Futures I want to find out more about a career as an electrician).

1.6 STUDENT READINESS

This section to be completed by the school after the workplace learning provider has completed section 2.

Student Readiness Assessment	Confirmed	Supporting information If the student's readiness assessment identifies the need for additional support the school must identify strategies, adjustments and provide information to support the student during the placement.
1. Can the student communicate their needs with others? Consider any English as an additional language needs.	<input type="checkbox"/>	
2. Is the student ready to learn and participate in the work placement?	<input type="checkbox"/>	
3. The student has or will successfully complete WHS training prior to the placement and the school is satisfied they can keep themselves and others safe in the workplace.	<input type="checkbox"/>	
4. Are the identified workplace learning tasks (section 2.5) suitable for the student's maturity, skill, and qualification level?	<input type="checkbox"/>	
5. Does the student have, or are they willing to get, appropriate clothes and personal protective equipment (PPE) for the work placement?	<input type="checkbox"/>	
6. Does the student have transport options available to them to ensure they can safely travel to and from the work placement?	<input type="checkbox"/>	
7. Consider the work placement environment/s (eg outdoors, loud factory, office). Is this environment suitable for the student?	<input type="checkbox"/>	

Section 2: WORK PLACEMENT ENVIRONMENT AND TASKS

This section along with the declaration in section 3.1 is to be completed by the Workplace Learning Provider

2.1 WORK PLACEMENT PROVIDER DETAILS

Workplace provider business name:

Workplace provider's address:	Business is covered by Public Liability Insurances? Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of employees (please indicate if sole trader):
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Address of the placement if it is different from the above:

Workplace key contact name:	Mobile:	Phone:
Email:		Position:
On job supervisor name:	Position:	Mobile:

2.2 WORK PLACEMENT STRUCTURE

The structure and duration of the work placement have been negotiated and agreed to by all parties prior to this form being completed.

Option 1: BLOCK PLACEMENT eg 5 or 10 consecutive days. Write n/a in sections that do not apply.

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Start and finish times					
Date					
Start and finish times					

Option 2: WEEKLY PLACEMENT eg 1 day per week

Day:	Start and finish times:	Start date:	End date:
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2.3 RISK AND MITIGATION

Work site induction details: (eg online induction or tour of the site and verbal introduction to staff and safety processes).

Who will conduct induction:

When will it be conducted:

Licence / competency / legal requirements the student needs to have to undertake work placement: (eg White Card, Working with Children Check).

Personal protective equipment (PPE) requirements for the work placement

Please detail what is required and who is responsible for providing the equipment.

Who	Steel cap boots	Hearing protection	Safety glasses	Gloves	High visibility clothing	Sun protection
Student to provide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace to provide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other:

Safety systems in place within the workplace:	Yes	Mitigation strategy if not in place:
WHS policy and procedures or has a system in place to ensure the business is following the WHS Act 2012.	<input type="checkbox"/>	
Environments that are child safe (only complete if relevant to your workplace) Organisations (both government and non-government) that provide health, welfare, education, sporting or recreational, religious or spiritual, party or entertainment, cultural, childcare or residential services wholly or partly for children must have policies and procedures to create and maintain child safe environments.	<input type="checkbox"/>	
Process for managing incident or injury as defined by the WHS Act 2012	<input type="checkbox"/>	
Emergency evacuation process	<input type="checkbox"/>	
Access to adequate facilities to ensure the welfare of all workers in the work environment (eg toilets, first aid kit).	<input type="checkbox"/>	
Policy or procedure to prevent and manage unlawful discrimination and harassment, including bullying. This includes culturally responsive and inclusive practices in support of workers from Aboriginal or other minority backgrounds, religious beliefs and practices, students living with a disability and/or students identifying as LGBTIQ+.	<input type="checkbox"/>	

2.4 TRANSPORT DURING THE WORK PLACEMENT

Student is required to travel as a passenger in a vehicle during the work placement:

Yes complete section 2.4 No Proceed to section 2.5

What type of vehicle: Car Truck Watercraft Other

If yes, please provide details about the purpose of the travel and duration: (eg travel in work van to attend workshop in neighbouring suburb daily).

The vehicle is in a good state of repair and is registered and insured and will be operated by a fully licensed driver.

Yes No

2.5 WORKPLACE LEARNING TASKS

Identify the specific tasks the student will undertake during the placement, keeping in mind that:

- the task must be suitable for the student's skill level and qualifications
- students must be supervised at all times (for virtual work placement duty of care are provided by the school)
- students must receive the same training as a paid worker to undertake the same task or function
- students must not take the place of a paid worker or undertake work that produces a product for the employer unless it is aligned to an assessment required as part of their learning program.

Tasks to be performed	Risk associated	Mitigation strategy
<i>Example: Job shadow an electrician on a range of domestic jobs.</i>	<i>Example: Contact with exposed live parts causing electric shock and burns.</i>	<i>Example: PPE, worksite induction and the student will be supervised at all times.</i>

Other or further details:

Section 3: ACKNOWLEDGEMENTS AND DECLARATIONS

All stakeholders must agree to the statements below by signing the relevant section of this form prior to work placement commencing.

3.1 WORK PLACEMENT PROVIDER

As the work placement provider, I:

- certify that Work Health and Safety practices, procedures and systems are in place and developed and implemented in line with the Work Health and Safety Act 2012 (Cth)
- am aware of my obligations under the Fair Work Act 2009 and undertake to comply with the provisions of that legislation
- agree to accept this student on work placement and to plan and conduct an appropriate program in a non-discriminatory and harassment free environment in line with the Equal Opportunity Act 1984
- will notify the school in the case of student illness, accident, inappropriate behaviour, or any absence
- give assurance that the workplace is suitable for the student to undertake work placement and that all staff engaging with the student will report, as required, any issues or concern to ensure children and young people are kept safe from harm in accordance with the Children and Young People (Safety) Act 2017
- understand the student will not be used to replace a paid or striking worker or participate in industrial disputes
- understand the student will be visited or telephoned by a school representative during the placement
- acknowledge that the student will be directly supervised by persons who are suitably qualified/and or experienced and competent at the relevant task the student is undertaking during this placement and will only be engaged in tasks that are appropriate for their maturity, skills and qualification level and will support their identified learning goal
- understand that the information provided on this form is for the administration of workplace learning only
- agree, subject to the requirements of the South Australian Government Information Privacy Principles 1989 (re-issued 16 September 2013), that this information is not to be used for any other purpose.

Workplace key contact name:

Signature:

Date:

3.2 STUDENT

I agree that I:

- can communicate my needs to others, am willing to learn and participate, and have identified learning goal/s for the work placement
- will have prior to the placement successfully completed WHS training and understand my role and responsibilities while on placement
- have reviewed the work placement opportunity with my school and feel it is safe and suitable for me
- have personal protective equipment and transport options available to me, as required
- will attend the work placement as agreed in this form
- will contact both my school and work placement if I am not able to attend my placement for any reason
- will contact my school if I have any concerns about the work placement.

Student name:	Signature:	Date:
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3.3 PARENT/CARER/INDEPENDENT STUDENT

I give permission for the student to be involved in the work placement program under the conditions outlined in this document. If the emergency contact cannot be reached, I authorise the supervisor in the workplace to obtain the services of a suitably qualified medical practitioner and to convey the student to an appropriate place for treatment, including the use of an ambulance if required. I undertake to cover the costs of any unmet expenses incurred except for where the expenses are covered under the relevant education sectors or individual school insurance arrangements.

Parent/carer/independent student name:	Signature:	Date:
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3.4 PRINCIPAL/DELEGATE'S APPROVAL

I confirm that all required sections of this form have been completed, which allows my school to review both the student's readiness and the information provided by the workplace learning provider; that I am satisfied the student is eligible to participate in the work placement; and that the student has the capacity to keep themselves and others safe in the identified work placement.

I give permission for this student to undertake work placement as detailed and agreed to in this form with the above-named work placement provider in accordance with the current Workplace Learning Procedures.

Principal or delegate's name:	Signature:	Date:
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Section 4: WORKPLACE LEARNING FORM AMENDMENTS

All amendments to this form must be agreed, dated, and recorded on this or a new form and redistributed to all stakeholders.

- original and amended form retained by school copy to the student/parent/carer copy to the workplace learning provider

Amendments:

List all amendments including to times, dates, contacts or tasks to be performed.

INITIAL AND DATE AMENDMENTS. Attach additional or supporting information relating to any section as required.