

Student's name: _____
School: _____ Host business: _____

Section 3: Host employer details (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 Work experience or Other _____

Dear Host Employer:

Please complete all the following responses to give the school important information about the proposed placement. If more space is needed please attach the information. This will assist the school to manage their duty of care to the student and your responses will help you satisfy your relevant workplace obligations. You may wish to keep a file copy as a guide for any future placements. Thank you.

Overview

Type of industry _____ Main activity _____
Approx. no. of years in current operation _____ Approx. no. of 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 _____

Attendance Details:

Tick where relevant: Block One day per week Split shifts Total Hours _____

Shift details and location _____

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: <http://bit.ly/ProhibitedActivities>

Description of the proposed placement – in detail

See [Completion of the Student Placement Record to meet the Department's standards](#) or see website: <http://bit.ly/WorkLearnPolicy>

Activities/duties to be undertaken by student

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

Indicate any risks to the student in the planned activities eg 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. Eg WHS Induction on Day 1

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

Student's name: _____

School: _____

Host business: _____

Please tick if these are available to the student:

- Essential:** First aid facilities Suitable toilet facilities Drinking water
Other: Lunch room Staff canteen Lockers

Please tick this box if you wish the student's school to contact you prior to the placement eg 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.

Section 3: Host employer details (continued)

Host employer/workplace supervisor to complete the following declaration:

- I have read [The Workplace Learning Guide for Employers](#) and am aware of the 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, eg an adrenaline auto-injector-EpiPen.
- I will consult and cooperate with the 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 school if the student is ill, injured, absent without explanation or behaving inappropriately.
- I will notify the 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 on page 9 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.
- I am aware of the specific restrictions and prohibited activities for students and will ensure students are not asked to carry out any of these activities. (New)

Additional Information for Employers is available at: <http://bit.ly/Employers-Additional-Info>

Signature of host employer/workplace supervisor

Date

Print name

Position

Privacy notice - for all parties

The information provided by students, parents/caregivers and host employers is obtained for the purpose of coordinating a workplace learning opportunity for the school student. 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/caregiver. 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 student's school.