

# Year 10 Work Experience

**Student Placement Form** 

# Work Experience Placement Form

Section 1: Student			
General			
First Name:	Last Name:	Home Group:	
Mobile:	Medicare No:	Date of Birth:	
Medical			
Do you have a medical condition? (if yes, provide details and attach relevant documentation)		Yes No	
Do you have any special needs or disability? If yes, provide details and attach relevant documentation)		Yes No	
Emergency Contacts if Parent Not Available			
Name:	Relationship:	Phone:	
Name:	Relationship	Phone:	
Parents and Guardians			
Name(s):	Relationship:	Address:	
Phone (Home/Work):	Mobile:		
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) and adhere to all policies and procedures.			
<ul> <li>I have participated in pre-placement activities to optimise my safety and performance during my work experience placement.</li> </ul>			
• 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 Oran Park Anglican College 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 Oran Park Anglican College's code of conduct at all times.			
<ul> <li>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 Oran Park Anglican College no later than Monday 23 March 2020 to Mrs Darby in Student Services. I also agree to information on this form being released employers for the purposed of work experience.</li> <li>I have read and understood Oran Park Anglican College's 'Students Guide to Work Experience' and will complete all tasks as specified.</li> </ul>			
Student's Signature:	Date:		

Section 2: Host Employer		
General		
Employer:	Address:	
Industry:	Phone:	
Workplace Supervisor		
Name:	Department:	
Position:	Email:	
Phone:	Mobile:	
Work Experience Placement		
Start Date:	Finish Date	
Start Time:	Finish Time:	
Placement Duration:	Lunch Break:	
Orientation Date:	Orientation Time:	
Meals (please circle): 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		
<ul> <li>I agree to supervise and support the student for the duration of the placement.</li> <li>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.</li> <li>I acknowledge that the student is not an 'employee' or 'worker' within the meaning of the NSW Workers Compensation Legislation.</li> <li>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.</li> <li>I agree to provide the student with site-specific workplace induction, training and supervision for the duration of the placement.</li> <li>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.</li> <li>I have read Oran Park Anglican College's 'Employers Guide to Work Experience' and am aware of my rights and</li> </ul>		
responsibilities.  I am aware of the special responsibilities associated with working with children as detailed in the section related to child protection in Oran Park Anglican College's 'Employers 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. I will (where possible) ensure the student is provided with a variety of tasks and is fully utilised for the duration of the

Date:

Signature:

placement.

Employer's Name:

# **Section 3: Parents and Guardians**

#### **Parents and Caregivers Declaration**

- I have read and understand Oran Park Anglican College's 'Parents Guide to Work Experience'.
- 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.

Parents/Guardian's Name: Signature: Date:

# **Section 4: Oran Park Anglican College**

#### General

Oran Park Anglican College Email: admin@opac.nsw.edu.au
Peter Brock Drive Website: www.opac.nsw.edu.au
Oran Park 2570 Phone: (02) 4604 0000

#### **Key Contacts**

Name: Mr Brendan Langley Name: Mr Michael Newton

Position: Year 10 Pastoral Care Teacher Position: Deputy Principal - Head of Senior School

Phone: (02) 4604 0000 Phone: (02) 4604 0000 Mobile: 0466445352 Mobile: 0427 091 459

Email: <a href="mailto:blangley@opac.nsw.edu.au">blangley@opac.nsw.edu.au</a>
Email: mnewton@opac.nsw.edu.au

### Oran Park Anglican College Declaration

The College 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: 'Employers Guide to Work Experience', 'Students Guide to Work Experience' and 'Host Employers Guide to Work Experience'.

College Authorisation: Mr Michael Newton Signature: Date:

# **Privacy Notice**

Approved work experience is an educational initiative of this College. 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 College's privacy policy.