

## STUDENT DETAILS

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Birth Date / /

School Name and Address \_\_\_\_\_  
Postcode \_\_\_\_\_ Telephone \_\_\_\_\_

Structured Workplace Learning Coordinator \_\_\_\_\_ Student Year Level \_\_\_\_\_

**IN CASE OF AN EMERGENCY, THE EMPLOYER SHOULD CONTACT THE STUDENT'S PARENT OR GUARDIAN AND THE STRUCTURED WORKPLACE LEARNING COORDINATOR:**

Name (Parent/Guardian) \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Tel. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Emergency contact (Name and Tel.) \_\_\_\_\_

**PRIVACY INFORMATION: The information provided on this form is for the administration of Structured Workplace Learning Arrangements only and is not to be used for any other purpose. This information must be kept confidential.**

## WORK PLACEMENT DETAILS

Employer (business) name \_\_\_\_\_ Tel. \_\_\_\_\_

Business address \_\_\_\_\_ Postcode \_\_\_\_\_

Student's work location address \_\_\_\_\_ Postcode \_\_\_\_\_

Workplace contact person \_\_\_\_\_ Supervisor \_\_\_\_\_

Structured Workplace Learning hours \_\_\_\_\_ am / pm, to \_\_\_\_\_ am / pm; on  Monday  Tuesday  Wednesday  Thursday  Friday

from (commencement date) \_\_\_\_\_ to (completion date) \_\_\_\_\_ Total number of days \_\_\_\_\_

## TRAVEL WITH EMPLOYER

**The following sections are to be completed only if the Student is required to undertake vehicle travel with the Employer and/or nominated Supervisor/s as part of this Arrangement.**

### EMPLOYER ACKNOWLEDGEMENT

I, \_\_\_\_\_ [name of individual, or on behalf of the employer if employer is an incorporated body] attest that:

- the proposed driver has a current and valid Australian driver's licence relevant to the vehicle the proposed driver uses;
- the proposed driver is not disqualified or suspended from driving;
- the proposed driver is not subject to any other impediments to his/her ability to drive a motor or other vehicle (as relevant);
- the vehicle in which the Student is to be transported is comprehensively insured; and
- to the best of my knowledge the vehicle in which the Student is to be transported is roadworthy, safe for normal road use and suitable for the work-related purposes to which it will be put.

Signature \_\_\_\_\_ Date / /

### PARENT CONSENT (only required if the Student is aged under 18 years)

I, \_\_\_\_\_,  
consent to my child undertaking vehicle travel with the Employer and/or nominated Supervisor/s as part of this Arrangement.

Signature \_\_\_\_\_  Parent or  Guardian Date / /

### STUDENT CONSENT (only required if aged 18 years or over)

I, \_\_\_\_\_,  
consent to undertaking vehicle travel with the Employer and/or nominated Supervisor/s as part of this Arrangement.

Signature \_\_\_\_\_ Date / /

## ACCOMMODATION ARRANGEMENTS

The following sections are to be completed only if the Student is required to stay at accommodation other than his or her normal place of residence for the purpose of this Arrangement.

### ACCOMMODATION DETAILS

Who will the Student be staying with?

- Parent/guardian
- Other family member/s (e.g. grandparent, older sibling) – please specify \_\_\_\_\_
- Friends of the family
- Employer

Name of person responsible for supervising student at accommodation \_\_\_\_\_

Accommodation address \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone: Business Hours \_\_\_\_\_ After hours \_\_\_\_\_ Length of stay \_\_\_\_\_

Travel arrangements to and from the workplace \_\_\_\_\_

### PARENT CONSENT (only required if the Student is aged under 18 years)

I, \_\_\_\_\_,

- consent to my child staying at accommodation other than his or her normal place of residence for the purposes of this Arrangement;
- confirm that the accommodation arrangements as outlined above are suitable; and
- understand that I am responsible for the control and care of my child at all times while they are not under the care and control of the Employer, or any other person.

Signature \_\_\_\_\_  Parent or  Guardian Date / /

### STUDENT CONSENT (only required if aged 18 years or over)

I, \_\_\_\_\_,

- consent to staying at accommodation other than my normal place of residence for the purposes of this Arrangement;
- confirm that the accommodation arrangements as outlined above are suitable; and
- understand that I am responsible for my control and care at all times while I am not under the care and control of the Employer, or any other person.

Signature \_\_\_\_\_ Date / /