



# Student Placement Record

Private or community registered training organisation (P/C RTO)

Original to be held by the private or community registered training organisation (P/C RTO) Copy 1: to be held by the school Copy 2: for host employer Copy 3: for the student Copy 4: for the parent or carer

Student's name:	P/C RTO:	Host business:
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## Section 1: Details of student and workplace learning program

Student's name \_\_\_\_\_ Year (e.g. 11) \_\_\_\_\_ Date of birth \_\_\_\_\_

P/C RTO program is  HSC VET work placement Related Course/Activity \_\_\_\_\_

Start date \_\_\_\_\_ Finish date \_\_\_\_\_ Total number of days \_\_\_\_\_

Circle where relevant: 1. Block release 2. Individual placement 3. One day per week 4. Split shifts

Details for 3 or 4 above \_\_\_\_\_

Details below (or attached) of any medical condition, allergy, medication, disability or factors which the school or employer should know:

\_\_\_\_\_

Student's Mobile No. \_\_\_\_\_ Medicare No. \_\_\_\_\_

Tick if the placement includes out of normal business hours, ie \_\_\_\_\_

Name of student's emergency contact out of normal business hours \_\_\_\_\_

(Parent/carer/other \_\_\_\_\_ )

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work phone if relevant \_\_\_\_\_

- I have participated in pre-placement activities to optimise my safety and achievement during my workplace learning opportunity and I am aware of my rights and responsibilities and emergency contact arrangements if needed.
- I will perform my duties during the placement to the best of my ability; support occupational health and safety in the host workplace and comply with all reasonable directions of the host employer and their employees.
- I will inform both the host employer and the teacher in charge as soon as possible if I am unable to attend the workplace and will inform my supervisor promptly of any injury, accident or incident that may occur.
- If I have access during the placement to information which is private and confidential, I will not convey to any person outside the host employer's workplace knowledge or information of this kind.
- I am aware of the contents of the relevant Privacy Notice on page 3.

Student's signature

Date

## Section 2: Details of student's school

School \_\_\_\_\_

Suburb/town \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

- I give permission for this student to undertake mandatory work placement required for the HSC VET course delivered by the private or community RTO as outlined in this Student Placement Record.
- The school will provide the private or community RTO with details of the Department's Workplace Learning Policy and Associated Documents and Forms and will monitor the RTO's arrangements for work placement to see that the Department's requirements are met.
- There will be regular and effective communication between the school and the private or community registered training organisation regarding the student's progress.

Signature of Principal/nominee

Date

School's P/C RTO delivered VET coordinator

Date

Student's name:	P/C RTO:	Host business:
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### Section 3: private or community registered training organisation (P/C RTO) details

Name of P/C RTO \_\_\_\_\_

Address \_\_\_\_\_ Website \_\_\_\_\_

Name of P/C RTO teacher supervising the work placement **within** the P/C RTO **or/** with a **host employer outside** the P/C RTO  
 \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Section 4: Host employer details *(This first section may be completed by the student)*

Name of organisation or trading name \_\_\_\_\_

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

Contact person \_\_\_\_\_ Position \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Location of placement (if different from above address) \_\_\_\_\_

Request is for  HSC VET work placement

**To the host employer:** You are kindly asked to complete all the following responses to give P/C RTO important information about the proposed placement. This will assist 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 use this as a guide for any future placements.

#### Overview

1. Type of industry \_\_\_\_\_ Main activity \_\_\_\_\_

2.  Public/Government enterprise  Private enterprise  Self-employed  Other \_\_\_\_\_

3. Approx. no. years in current operation \_\_\_\_\_ Approx. no. employees at proposed worksite \_\_\_\_\_

4. I have hosted school students for work experience or work placement in the last 12 months **Yes / No**

#### Supervision and student hours

Name of the experienced employee who will provide on-going supervision of the student

Supervisor's name \_\_\_\_\_ Position \_\_\_\_\_

Student's starting time \_\_\_\_\_ Finishing time \_\_\_\_\_ Lunch Break \_\_\_\_\_ Student's est. total hours \_\_\_\_\_

#### Description of the proposed placement – in detail

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

\_\_\_\_\_

Student's name:	P/C RTO:	Host business:
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## Section 4: Host employer details *(Continued)*

Indicate any risks to the student in the planned activities eg manual handling; repetitive activities such as keyboarding; exposure to sun, chemicals, fumes; use of particular tools or equipment

How will those risks be eliminated or controlled? \_\_\_\_\_

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

**Circle** if these are available to the student:

**Essential:** • first aid facilities • suitable toilet facilities **Other:** • lunch room • staff canteen • lockers • \_\_\_\_\_

**Circle** I feel confident about:

- what tasks in my workplace are suitable for students and what tasks are unsuitable **Yes / No**
- providing the induction to students including relevant health and safety matters, emergency procedures and a tour of relevant work areas. *(An Employer's Guide provides guidance)* **Yes / No**

**Tick this box if you wish the student's P/C RTO to contact you prior to the placement eg to provide you with information about the student such as their experience, skill level or for you to discuss aspects of the student's safety in the workplace.**

Host employer/workplace supervisor to note, sign and date below:

- I have read *An Employer's Guide to Workplace Learning* and am aware of the 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 OH&S risks have been assessed and managed in conformity with the Occupational Health and Safety Act 2000 (NSW).
- 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 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 P/C RTO if the student is ill, injured, absent without explanation or behaving inappropriately.
- I am aware of the special responsibilities associated with working with children and young people as detailed in the section related to child protection in *An Employer's Guide to Workplace Learning*.
- 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 contents of the Privacy Notice.

\_\_\_\_\_  
Signature of host employer/workplace supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

### Privacy notice – for all parties

The information provided by students, parents/carers and employers is obtained for the purpose of coordinating a workplace learning opportunity for the student enrolled in a private or community registered training organisation (P/C RTO). The NSW Department of Education and Training and P/C RTO will use the information to meet duty of care and child protection responsibilities and to support the information needs of the student, employer and the parent/carer. The Local Community Partnership might access information related to HSC VET work placements but only with the approval of the Principal and the responsible P/C RTO manager.

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 teacher in charge of the student's workplace learning program at the student's P/C RTO. This may be the student's HSC VET teacher or subject teacher.

Student's name:	P/C RTO:	Host business:
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### Section 5: Parent/carer permission *(Must be completed for students aged under 18 years)*

Name \_\_\_\_\_ Relation to student \_\_\_\_\_

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

Telephone (Home) \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

After normal business hours \_\_\_\_\_ Medicare No. \_\_\_\_\_

- I consent to my young person in Year \_\_\_\_\_ undertaking the placement outlined on this *Student Placement Record*. This is a requirement for the HSC VET course which is being delivered by the private or community registered training organisation (P/C RTO).
- I have read the *Parents and Carers Guide to Workplace Learning* and understand my role and responsibilities.
- I am aware of the contents of the relevant Privacy Notice on page 3.
- Year 11–12 where relevant: I agree to make myself available as a contact for my young person after normal business hours in the event of an emergency OR I nominate \_\_\_\_\_ on telephone \_\_\_\_\_ to be the willing and reliable contact out of normal business hours. Their relation to my young person is \_\_\_\_\_ and they have accepted these responsibilities.
- The student has the following disabilities, medical conditions and allergies that may affect their safety during the placement.

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Signature of parent/carer

Date

Years 11-12: Signature of nominated contact/date  
(where relevant)

### Section 6: Approval of placement by private or community registered training organisation (P/C RTO)

- The proposed placement provides a safe and healthy environment for school students.
- I have read the *Workplace Learning Policy* of the NSW Department of Education and Training and the related mandatory *Procedures and Standards* document available at [www.det.nsw.edu.au/policies](http://www.det.nsw.edu.au/policies).
- I am familiar with the mandatory documents and forms I must use.
- I am aware of the responsibilities of the P/C RTO as indicated in the current *Guidelines and Procedures for private or community registered training organisations providing HSC VET courses*. Copies are available from the Department's regional vocational education consultants.
- I have provided *An Employer's Guide* to the host employer where the employer is external to our P/C RTO and the *Parents and Carers Guide to Workplace Learning* to the student's parent/carer.
- I have checked that all parts of this Student Placement Record are complete and signed as required.
- I am satisfied that the placement is suitable for this student.
- See tick box on page 3: Where the employer has asked to be contacted, the employer **has / has not** been contacted by **phone / visit**.

Signature of P/C RTO Manager/nominee \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Title \_\_\_\_\_