



Student Placement Record

Using current employment for HSC VET work placement

Original to be held by the school/TAFE. Copy 1: for host employer
Copy 2: for the student Copy 3: for the parent or carer

Student's name:	School/TAFE:	Employer:
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Section 1: Details of student and work placement proposal

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

Student's school if enrolled in a school _____

- I wish to use a designated period of my current employment to satisfy _____ hours of the mandatory HSC work placement component of my HSC VET course _____. The period is _____
- I understand that the minimum length of my employment, undertaken while studying the related HSC VET course, must be greater than the minimum hours (ie _____) of work placement.
- I undertake to keep an accurate record of my work placement activities as evidence of practising and/or learning course competencies/outcomes (ie *Evidence of Workplace Learning Activities* schedule).
- I will inform my teacher as soon as possible, but no later than within 7 days, of any change to the agreed employment arrangements, conditions or activities as that change might affect the recognition of my employment for work placement,

Student's signature

Date

Section 2: Details of school or TAFE NSW institute delivering the HSC VET course

School/TAFE institute _____

Campus/College _____

Address _____

Telephone _____ Fax _____ Email _____

Teacher overseeing this work placement _____

Head teacher _____

- The school or TAFE NSW institute is satisfied that the principal purpose of the employer's enterprise is related to the industry area of the course and that the nature of the business or enterprise accurately reflects the character and purpose of the industry.
- The student's VET course teacher or nominee has consulted with the employer and supervisor about the activities undertaken by the student in the course of their employment and is satisfied that course learning outcomes and a diversity of experiences required in an HSC work placement can and will be accommodated by the employer's enterprise.
- The method of assessing student achievement of HSC VET course competencies has been clarified with the employer/supervisor and documented by the teacher.
- At the conclusion of the work placement hours, the VET teacher will verify the details of the *Evidence of Workplace Activities* schedule with the student's employer/supervisor.

Signature of Principal/nominee or TAFE NSW College/Campus
Manager or delegate of institution delivering the course

Print name

Date

Co-signature of Principal or nominee where TAFE NSW is
delivering the course. Refer ACE Manual 11.4.6.4 (b)(v)

Print name

Date

Student's name:	School/TAFE:	Employer:
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Section 3: Employer details

Name of organisation or trading name _____

Address _____

Telephone _____ Fax _____ Email _____

Website _____ Location (if different from employer's address) _____

Contact person _____ Position _____

Name of student's supervisor _____

- I acknowledge that the student is undertaking an HSC VET course and that they are using a period of their concurrent paid employment to satisfy _____ hours of the mandatory work placement requirement.
- The student commenced employment with my enterprise on _____ and currently works an average of _____ hours per week.
- I will ensure that as far as possible within the commercial and business constraints of our enterprise, the course learning outcomes and diversity of experiences in the workplace, as explained by the VET teacher or their nominee, will be addressed during the student's employment.
- Evidence of workplace experiences will be provided to the student's teacher by way of the attached *Evidence of Workplace Activities* schedule.
- I acknowledge that the student is my employee and that my insurance coverage and arrangements will continue to apply to the student for the full period of their employment.
- I acknowledge that the insurance and indemnity arrangements of the NSW Department of Education and Training for school/TAFE-approved workplace learning programs where students are voluntary workers will not apply to these arrangements.

Signature of employer/workplace supervisor

Host organisation

Print name

Title

Date

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 school student. The NSW Department of Education and Training 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/TAFE NSW Institute 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 school/TAFE NSW institute.

Student's name:	School/TAFE:	Employer:
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Section 4: Details of parent/carer *(To be completed for students aged under 18 years)*

Name _____

Relation to student _____

Address _____ Postcode _____

Telephone (Home) _____ Work _____ Mobile _____

- I consent to the student's employment being recognised for HSC work placement as stated above.
- I understand the importance of the student advising the teacher as soon as possible, but no later than within 7 days, of any change to the agreed employment arrangements, conditions or activities as that change might affect the recognition of the student's employment for HSC work placement.

Signature of parent/carer

Date

Print name

Student's name:	School/TAFE:	Employer:
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Section 5: Using current employment for HSC VET work placement

Evidence of Workplace Activities Schedule

Please use additional copies of this proforma where more activities are completed

Name of Student _____ Enterprise _____

Employer _____ Telephone _____

SCHEDULE TO BE COMPLETED BY THE STUDENT, VERIFIED BY THE EMPLOYER OR SUPERVISOR AND RETURNED TO THE VET TEACHER

Student's position/s in enterprise	Date undertaken	Name of supervisor	Signature of supervisor/employer
Description of duties			
Tasks performed			
Skills practised			
Industry attitudes developed			
Supervisor comments			

Thank you for supporting the student in gaining recognition of their concurrent employment for HSC VET work placement. Your efforts are appreciated by the student and their school/TAFE NSW institute.

Signature of student

Date

I certify that the student has met the current requirements for recognition of the student's concurrent employment for work placement purposes as detailed in the Board of Studies ACE Manual (Section 11.4.6.4).

Signed

Student's VET teacher

Date

Print name

Position