

# Structured Workplace Learning Arrangement Form

Education and Training Reform Act 2006 – Ministerial Order No. 55: Structured Workplace Learning Arrangements

## STUDENT DETAILS

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 School Name and Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_ Telephone \_\_\_\_\_  
 Teacher-in-charge of Structured Workplace Learning \_\_\_\_\_ Student Year Level \_\_\_\_\_  
 Course of study in respect of Structured Workplace Learning \_\_\_\_\_  
 Skills and competencies the student is expected to obtain from the Structured Workplace Learning (attach a separate sheet)

## IN CASE OF EMERGENCY, THE EMPLOYER SHOULD CONTACT THE STUDENT'S PARENT OR GUARDIAN:

Name: (Parent/Guardian) \_\_\_\_\_  
 Address \_\_\_\_\_ Postcode \_\_\_\_\_  
 Tel. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
 Emergency contact (Name and Tel.) \_\_\_\_\_

## EMPLOYER DETAILS [Employer to complete]

**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. Health information will be provided if the student has a medical condition or requires medication that may be relevant to their employment. This information must be kept confidential.

Employer (business) name \_\_\_\_\_ Tel. \_\_\_\_\_  
 Business address \_\_\_\_\_ Postcode \_\_\_\_\_  
 Type of industry \_\_\_\_\_ Primary activity at workplace \_\_\_\_\_  
 Student's work location address \_\_\_\_\_ Postcode \_\_\_\_\_  
 Workplace contact person \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Activities the student will undertake (if insufficient space, attach separate sheet) \_\_\_\_\_  
 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 \_\_\_\_\_  
 Rate of payment \$ \_\_\_\_\_ per day (\$5.00 per day minimum)

## EMPLOYER ACKNOWLEDGEMENT [Employer to sign]

- I, \_\_\_\_\_ [name of individual, or on behalf of the employer if employer is an incorporated body] agree that:
- I understand occupational health and safety legislation and standards relevant to the conduct of my undertaking under Victorian law and will comply with these laws and standards with respect to the student as if the student were my employee.
  - I will identify all hazards relevant to the conduct of my undertaking and will assess and control all related risks. If I have not controlled all related risks I will inform the school of this fact prior to the Structured Workplace Learning period commencing.
  - I have read and understood Department of Education and Early Childhood Development Structured Workplace Learning Guidelines for Employers. I will ensure that required planning, induction, supervision and safe systems of work are provided for the student to maintain a safe and healthy Structured Workplace Learning at all times.
  - I will consider and take into account the competency, maturity and physical capabilities of the student in relation to all activities he or she will undertake. The student's program of activities will be planned and carried out with these considerations in mind.
  - I will nominate a supervisor (or supervisors) of the student who will be responsible for ensuring that my obligations as the student's employer are carried out.
  - I will provide appropriate information, training, instruction and supervision to the student in respect of occupational health and safety and will provide any equipment and/or clothing which is required to comply with my duty of care toward the student.
  - I will ensure that the Structured Workplace Learning is undertaken in a non-discriminatory and harassment free environment.
  - I will permit access to the workplace and contact with the student by the principal or their representative at any reasonable time during the Structured Workplace Learning period.
  - I will ensure that the Structured Workplace Learning arrangement is not used as a substitute for the employment of employees and/or the payment of appropriate wages.
  - I will ensure that the maximum number of Structured Workplace Learning students at the place of work does not exceed one student for every three full-time employees (or part thereof).
  - I will notify the teacher-in charge of Structured Workplace Learning as soon as is possible if the student is absent, injured or becomes ill in the course of undertaking the Structured Workplace Learning.
  - I will consult with the teacher-in-charge of Structured Workplace Learning if I consider it necessary to terminate the arrangement before the specified time.

I understand and accept the responsibilities set out above. Following the principal's review of these details, I understand that he or she can determine whether or not the student will undertake the Structured Workplace Learning proposed here.

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

## STUDENT AGREEMENT

I, \_\_\_\_\_ agree to take part in this Structured Workplace Learning Arrangement and to:

- carry out all reasonable and lawful directions of the employer and perform my work to the best of my ability;
- comply with all reasonable workplace rules and requirements governing safety and behaviour;
- attend at the workplace on each day at the agreed time;
- inform both my employer and the teacher-in-charge of Structured Workplace Learning as soon as possible if I am unable to attend work;
- promptly inform the employer of any accident, injury or incident that may occur;
- dress appropriately for the workplace.

I agree that no payment will be made to me if the placement is with a Commonwealth Department or a body established under a Commonwealth Act. I give my consent to donating back the payment where an educational, charitable or community welfare organisation not conducted for profit requires that I do so as a condition of engagement. I understand that the Principal can determine whether or not I will undertake Structured Workplace Learning. I acknowledge that prior to entering into this arrangement I have undertaken the occupational health and safety program that is part of the accredited course of study that I am undertaking.

Student's signature \_\_\_\_\_ Date / /

## PARENT/GUARDIAN AGREEMENT & CONSENT (Not necessary if the student is over 18 years)

I, \_\_\_\_\_ consent to my child taking part in this Structured Workplace Learning arrangement and I:

- agree that he or she will be subject to the direction and control of the employer and nominated workplace supervisor(s);
- understand that all reasonable care for the health and safety of my child will be taken by the employer and nominated workplace supervisor(s);
- give consent for my child to undertake vehicle travel with the employer or nominated workplace supervisor(s) if this is required to move from one work location to another in the course of the Structured Workplace Learning;
- understand that I will be notified as soon as possible in the event of illness of or accident to my child, but where it is impracticable to communicate with me I authorise the person in charge at the workplace of the employer to consent to my child receiving such medical and surgical treatment (including the administration of an anaesthetic) as may be deemed necessary by a legally qualified medical practitioner;
- expect my child to comply with all reasonable workplace rules and requirements governing safety and behaviour;
- agree that no payment will be made to my child if the placement is with a Commonwealth Department or a body established under a Commonwealth Act;
- give my consent to my child donating back the payment where an educational, charitable or community welfare organisation not conducted for profit requires this as a condition of engagement;
- attach details of any known medical condition which may affect my child, and any medication or treatment which may be relevant. I understand that the principal can determine whether or not my child will undertake Structured Workplace Learning.

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

(Attach details of any known medical condition which may affect this student, and any medication or treatment which may be relevant.)

## WORKCOVER AND PUBLIC LIABILITY

The student is covered for WorkCover by the Department of Education and Early Childhood Development (State of Victoria). The student is covered by public liability insurance in accordance with Ministerial Order No. 55 – Structured Workplace Learning Arrangements, for the arrangement taken out by the party indicated below (Principal to tick the appropriate box):

- Department of Education and Early Childhood Development       Non-government school       Employer

### NOTE: PUBLIC LIABILITY INSURANCE

When an arrangement is entered into by a principal of:

- i. a State school in respect of a State school student or by a principal of a student from a reciprocating State or Territory, the Department of Education and Early Childhood Development is obliged to hold or to take out public liability insurance to provide at least \$10 million cover per event. The persons to be insured are the student and the employer.
- ii. a school other than a State school that school, subject to (iii) below, is obliged to hold or take out public liability insurance to provide at least \$10 million cover per event. The persons to be insured are the student and the school.
- iii. a non-government school, and that school is not covered by public liability insurance as set out in (ii) above, the employer is obliged to hold or take out public liability insurance to provide at least \$10 million cover per event for any loss or damage which may be caused by any act or omission of the student whilst engaged under the arrangement. In this instance, the persons to be insured are the employer and the student.

## PRINCIPAL CONSENT

I, \_\_\_\_\_ principal of \_\_\_\_\_

enter into an arrangement for the above named student of this school to be engaged for the purpose of Structured Workplace Learning by the employer named above in accordance with the provisions of the *Education and Training Reform Act 2006* and the Ministerial Order No. 55 – Structured Workplace Learning Arrangements on the basis of the information provided above and the employer's acknowledgements. I confirm that I have informed the employer as to whether this school holds public liability insurance. I confirm that the above mentioned student has undertaken the required occupational health and safety program prior to entering into this arrangement.

Principal's signature \_\_\_\_\_ Date / /