

Springfield Central State High School

Believe *Belong* *Become*

Student Agreement for Work Experience Upload this document to the School Website – Work Experience

I understand that work experience is a valuable learning opportunity to gain a range of new knowledge, skills and attributes relevant to work environments. I will use a work experience placement to:

- Attempt new tasks and learn new skills which will increase my future employability
- Develop an awareness of knowledge and skills required in workplace
- Develop a network of contacts for future employment and training options
- Make connections between my own learning at school and learning in the workplace

I understand that when sourcing my work experience placement, I will remain respectful and represent myself and school appropriately.

Before starting my work experience I will ensure all work experience agreement forms are signed and approved by the business and school.

In the week prior to work experience commencing, I will contact my work experience supervisor to confirm my placement and find out any necessary information regarding dress standards and working hours.

While on work experience, I will perform duties as requested by my supervisor to the best of my ability and comply with all reasonable direction given by the work experience provider. I will behave as an employee while on placement, conforming to all the workplace rules and instructions given by my supervisor.

I will be punctual at all times and understand that it is my responsibility to organise travel and transport to and from the workplace for the duration of the placement. If I am absent due to illness during work experience, I understand it is my responsibility to contact the employer and the school as early as possible.

I will dress as an employee within the guidelines given to me by my supervisor and workplace. I understand that workplace dress standards are often necessary to meet specific workplace health and safety standards.

I will complete any workplace health and safety inductions at my supervisor's request and will promptly tell my supervisor of any personal injury or damage to property which may involve me. I will also notify my parents/caregivers and school (within 24 hours) of any injury or damage to property which may involve me whilst I am on work experience.

I understand that during the placement I may encounter confidential and sensitive information, which must be kept private. I understand that all office equipment, use of telephones, internet and photocopying is for work purposes only.

If I encounter any problems during my work experience placement, within 24 hours I will:

1. Inform my supervisor
2. Inform my parents/guardians
3. Contact the SCSHS Head of Department Pathways, Mrs Andrews

I will seek feedback from my supervisor at the end of my placement and discuss my suitability for future involvement in the industry area. I will thank my supervisor and employer for taking me on during the work experience placement.

I understand that whilst on work experience my behaviours and actions are still governed by the school's Responsible Behaviour Plan (found on the school website <http://springfieldcentralshs.eq.edu.au/>). I understand that I am attending work experience as a representative of Springfield Central State High, and am to display our core values of Respect, Responsibility, Resilience and Relationships at all times.

By signing this agreement, I am acknowledging that I understand the above expectations.

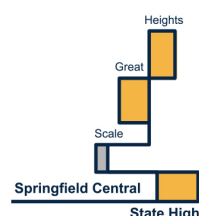
Student Name _____ Signature _____ Date _____

Parent Name _____ Signature _____ Date _____

www.springfieldcentralshs.eq.edu.au

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The Queensland Department of Education trading as Education Queensland International (EQI) CRICOS Provider Number: 00608A and RTO 40560



Work experience placements for school students

Agreement

Privacy statement

The Department of Education (the department) is collecting personal information on this form in order to make a work experience arrangement for a student under the *Education (Work Experience) Act 1996 (Qld)*. The personal information will only be used by authorised employees within the student's school, the department, and the nominated work experience provider for the purpose of organising and implementing the arrangement. The information may also be given to the Queensland Government Insurance Fund and WorkCover Queensland for the purpose of managing insurance coverage as required by the *Education (Work Experience) Act 1996 (Qld)*. Your information will not be given to any other person or agency unless you have given us permission or we are required by law to do so.

Work experience arrangement

This agreement establishes a work experience arrangement under the *Education (Work Experience) Act 1996 (Qld)*, and should be completed and signed, where indicated by the student, their parent, the work experience provider and Principal of the student's school.

School name:	SPRINGFIELD CENTRAL SHS	A N D	Provider's name:	
School address:	90 Parkland Drive SPRINGFIELD CENTRAL 4300		Provider's address:	
Work experience coordinator:	JO ANDREWS		Nominated supervisor:	
Phone:	3470 6222		Phone:	
Email:	jandr148@eq.edu.au		Email:	
PLACEMENT DETAILS				
Industry/ Occupation:		Model of work experience: (Select one)	<input type="checkbox"/> Work sampling <input type="checkbox"/> Structured work placement	
Dates of placement:		Number of days:	Hours of work:	
Summary of key workplace activities			Example risk assessment activities (select activities undertaken, as appropriate)	
			Telephone call <input type="checkbox"/> Workplace visit <input type="checkbox"/> Student induction activities <input type="checkbox"/> School-developed documents <input type="checkbox"/> Workplace-generated documents <input type="checkbox"/> Other:	
Special requirements for placement (e.g. uniform, personal protective clothing/equipment):				
STUDENT DETAILS				
Student name:		Date of birth:	/ /	Gender identity: <input type="checkbox"/> Male <input type="checkbox"/> Female
Phone:		Email:		
Emergency contact:		Out of school hours emergency phone:		
Medical information: (List any pre-existing medical conditions that may impact on the student's work experience placement. Please attach details of medications and health plans where relevant.)				



STUDENT RESPONSIBILITIES		
<p>I understand that my conditions of placement are:</p> <ul style="list-style-type: none"> attending my placement for the full work experience period immediately notifying my school and the work experience provider if I am unable to attend or am late demonstrating behaviour aligned to my school's responsible behaviour expectations and in keeping with the accepted standards of my work experience provider performing my duties to the best of my ability and complying with all reasonable directions given by the work experience provider following all workplace health and safety procedures in my workplace notifying my school and work experience provider of any incident or accident in the workplace which may involve me. 		
Student signature:	Date:	/ /
PARENT CONSENT (Applicable to students under 18 years of age)		
<p>I understand that my responsibilities relating to my student's work experience placement are:</p> <ul style="list-style-type: none"> providing any information about medical conditions and/or medication relating to my child which may impact on the safety of my child or the safety of others in the workplace organising transportation for my child to and from the work experience placement location paying any expenses related to my student's participation in the work experience placement contacting the school and work experience provider if my child is unable to attend or is late. <p>I consent to this work experience arrangement and participating in work experience as stated.</p>		
Parent signature:	Date:	/ /
WORK EXPERIENCE PROVIDER'S AGREEMENT		
<p>I enter into an arrangement for the named student to be placed with me for the purpose of work experience. Conditions of placement are:</p> <ul style="list-style-type: none"> understanding my responsibilities relating to health and safety under the <i>Work Health and Safety Act 2011 (Qld)</i> providing students with relevant and appropriate training, where required, and direct supervision at all times while undertaking work-related activities allocating a workplace supervisor to the student and ensuring this person is aware of their responsibilities ensuring the permitted number of students accepted for work experience does not exceed the number of full-time employees informing the student of particular safety requirements of this workplace including personal protective clothing/equipment explaining workplace policies regarding bullying, harassment and discrimination and codes of conduct, and explaining processes for reporting problems or issues notifying the school/work experience coordinator of any incident or accident involving a school student, any action undertaken and damages to property involving the student during this placement explaining work tasks clearly and implementing reasonable adjustments where appropriate, for students with additional educational needs ensuring the student will not undertake activities which are prohibited by law, excluded under the department's liability cover, or unsuitable for a student placed in a work experience environment ensuring the hours worked by the student do not exceed the normal hours worked in my industry meeting with school staff who visit the workplace to discuss the student's progress completing any required documentation (e.g. student report) and returning it to the school ensuring the workplace supervisor has the contact details of the work experience coordinator in case an issue arises notifying the school/work experience coordinator of any unexplained absences by the student ensuring the student is not paid whilst undertaking work experience understanding the level of liability cover provided by the department and the activities excluded from insurance cover information which will be provided to me by the school understanding that the arrangement may be terminated at any time by either the school principal or me. 		
Work experience provider's signature:	Date:	/ /
PRINCIPAL'S AGREEMENT		
<p>I enter into an arrangement for the named student to be placed for the purpose of work experience with the above named work experience provider.</p>		
Principal's signature:	Date:	/ /

