



# Workplace Learning Agreement Form

**This form is to be completed in black or blue pen and returned for school approval by:**

This document is to be referenced against the current version of *Workplace Learning Procedures*. No part of the existing text may be altered, deleted or added to. This document in its entirety is to be completed firstly by the student, then the work placement provider, followed by the parent/caregiver and finally by the principal/delegate. Schools are to attach to the completed and signed original, any additional forms, such as for maritime placements, accommodation away from home, or addendums documenting changes to work placement dates, time, location or tasks.

| SECTION A: SCHOOL                |                                | SCHOOL TO COMPLETE |                           |
|----------------------------------|--------------------------------|--------------------|---------------------------|
| School contact person:           |                                | Mobile:            |                           |
| School name:                     | St Patrick's Technical College | Telephone:         | 8209 3700                 |
| Street address: 2 - 6 Hooke Road |                                |                    |                           |
| Suburb/town:                     | EDINBURGH NORTH                | Postcode:          | 5113                      |
|                                  |                                | Email:             | info@stpatstech.sa.edu.au |

| SECTION B: STUDENT AND WORK PLACEMENT PROVIDER DETAILS  |  | STUDENT TO COMPLETE       |             |
|---|--|---------------------------|-------------|
| Family name:  |  | Given name:               |             |
| Mobile (optional):  | Birth date:  | Age at time of placement: | Year level: |
| <input type="checkbox"/> Work Experience  | Identify industry area or VET course linked to this placement: |                           |             |
| <input type="checkbox"/> Structured Work Placement  |  |                           |             |
| Please indicate any relevant certification student holds, eg White Card:  |  |                           |             |
| Identify any special medical condition, medication, disability and/or learning needs that may affect this student on work placement. If none, please indicate 'Not Applicable'. (Please attach further information if necessary): |  |                           |             |

**Student to sign and date the following declaration**

As a student on work placement, I agree to attend the workplace at the agreed time and days or to notify both my workplace supervisor and my school promptly if I am unable to do so. I shall be appropriately dressed and comply with all reasonable directions. I shall promptly inform the workplace supervisor and the school of any incident or accident. I will complete the required program of workplace preparation prior to beginning work placement. I am aware that, in case of need, I may contact my supervising teacher or school. I have read and understood 'A Guide to Workplace Learning for Students'.

|                           |  |             |  |
|---------------------------|--|-------------|--|
| <b>Student signature:</b> |  | <b>Date</b> |  |
|---------------------------|--|-------------|--|

| Section C1: WORK PLACEMENT PROVIDER DETAILS            |           | WORK PLACEMENT PROVIDER TO COMPLETE |   |
|--|-----------|-------------------------------------|---|
| Placement dates:                                       | From:     | To:                                 | Start time:   |
| Identify any specific arrangements:                    |           | Lunch time:                         |   |
|  |           | Finish time:                        |   |
| Work Placement Provider name:                          |           |                                     |   |
| Work Placement Provider postal address:                |           |                                     | Tel:  |
| Suburb/town:   | Postcode: | Email:                              |   |
| Contact person:  | Name:     | Position:                           |   |
| Location of placement (If not same as above):          |           |                                     |   |
| Tasks to be performed:                                 |           |                                     | Will the student be required to travel as a passenger in an appropriately registered and insured work vehicle as part of their placement?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Special conditions (eg special clothing / PPE / WWCC): |           |                                     |   |

| SECTION C2: WORK PLACEMENT PROVIDER DECLARATION  |  | WORK PLACEMENT PROVIDER TO NOTE THEN SIGN / DATE THIS SECTION |  |
|--|--|---|--|
| <p><b>I certify that</b> Work Health and Safety practices, procedures and systems are in place, including the induction of people new to the workplace.</p> <p><b>I agree to accept</b> this student on work placement and to plan and conduct an appropriate program in a non-discriminatory and harassment free environment. I will notify the school in the case of student illness, accident, inappropriate behaviour or any absence.</p> <p><b>I give assurance</b> that the student will be adequately supervised in a child safe environment. Those work placement providers who are mandated notifiers agree to acknowledge their responsibility under the <i>Children and Young People (Safety) Act 2017 (SA)</i>.</p> <p><b>I understand the student</b> will not be paid or given a reward of any description for work performed during the placement and will not be used to replace a paid or striking worker or participate in industrial disputes.</p> <p><b>I understand</b> the student will be visited or telephoned by a school representative during the placement and that the student will not be involved with any tasks prohibited by insurance or legislation.</p> <p><b>I acknowledge</b> that the student will be directly supervised by persons who are suitably qualified/and or experienced and competent at the relevant task the student is undertaking during this placement and that the information provided on this form is for the administration of workplace learning only. Subject to the requirements of the South Australian Government <i>Information Privacy Principles 1989</i> this information is not to be used for any other purpose.</p> <p><b>I acknowledge</b> I have read and understood '<b>A Guide to Workplace Learning for Work Placement Providers</b>'.</p> |  |   |  |
| <b>Insurance arrangements (Please tick relevant box)</b>   |  |   |  |
| <p><b>I understand</b> that through the completion of this form that while a student is participating in the work placement program they are covered by:</p> <ul style="list-style-type: none"> <li>• Department for Education self-insurance arrangements in the case of students enrolled in government schools, or</li> <li>• The school's personal accident and public liability insurance policies in the case of students enrolled in non-government schools.</li> </ul> <p><b>I certify</b> that as the work placement provider:</p> <p><input type="checkbox"/> I have a current public liability or protection and indemnity insurance policy, <b>OR</b></p> <p><input type="checkbox"/> my workplace is a large corporation, statutory authority, government department or instrumentality, and stands its own risk in terms of public liability in the event of injury to the student or damage or injury to a third party arising from the actions of the student, but which is attributable to negligence on the part of the work placement provider or their workers or agents.</p>  |  |   |  |
| <b>Work placement provider signature</b>   |  | <b>Date</b>   |  |

| SECTION D: EMERGENCY CONTACT DETAILS |       | PARENT/CAREGIVER/INDEPENDENT STUDENT* TO COMPLETE, SIGN, DATE |         |
|--------------------------------------|-------|---|---------|
| Name:                                |       | Relationship to student:                                      |         |
| Address:                             |       | Email:  |         |
| Telephone:                           | Home: | Work:   | Mobile: |

| Parent/caregiver to sign and date declaration below  |  |             |  |
|--|--|-------------|--|
| <p>I give permission for: _____ (Name of student) to be involved in the work placement program under the conditions outlined in this document, particularly C1 and C2. In the event of illness or accident, the emergency contact shall be notified as soon as possible. If contact cannot be made, I authorise the supervisor in the workplace to obtain the services of a suitably qualified medical practitioner and to convey the student to a place suitable for treatment. I undertake to cover the costs of any unmet expenses incurred. I understand that I am responsible for transportation and any costs associated with travel to and from the work placement. I have read and understood '<b>A Guide to Workplace Learning for Parents and Caregivers</b>'.</p> |  |             |  |
| <b>Parent/caregiver/independent student name</b>   |  |             |  |
| <b>Parent/caregiver/independent student signature:</b>   |  | <b>Date</b> |  |

| SECTION E: PRINCIPAL/DELEGATE'S APPROVAL   |                   | FOR SIGN OFF ONCE ALL SECTIONS HAVE BEEN COMPLETED |  |
|--|-------------------|--|--|
| <p><b>I certify</b> that the student will have completed a program of workplace preparation and having done so, give permission for this student to undertake a work placement with the above-named work placement provider in accordance with the current <i>Workplace Learning Procedures</i>.</p> <p><b>Note: The Principal must sign this Workplace Learning Agreement where any of the following apply.</b></p> <p>The student will:    <input type="checkbox"/> be only 14 years of age at the time of work placement            <input type="checkbox"/> require accommodation away from home for this placement</p> <p>                                 <input type="checkbox"/> undertake this work placement interstate                                    <input type="checkbox"/> be undertaking a maritime work placement</p> |                   |  |  |
| <input type="checkbox"/> Principal    or   | <b>Name:</b>      |  |  |
| <input type="checkbox"/> Delegate  | <b>Signature:</b> | <b>Date</b>  |  |

\*'independent student' refers to any student over 18, or whom the school recognises as being responsible for their own education and living

|  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> original (or scan of original) retained by the school | <input type="checkbox"/> copy to work placement provider | <input type="checkbox"/> copy to the student | <input type="checkbox"/> copy to parent/caregiver |
|--|--|--|---|

# WORK HEALTH & SAFETY CHECKLIST

To be completed by the Workplace Provider where the student/s will be undertaking Work Experience / Work Placement and/or Structured Workplace Learning.

This form is to be returned to the school with the Workplace Learning Agreement (Form LA).



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|                |
|----------------|
| Business Name: |
|----------------|

|                 |
|-----------------|
| Student Name/s: |
|-----------------|

| SITE SPECIFIC REQUIREMENTS  | YES / NO   | DETAIL  |
|---|--|---|
| Does the workplace provide a site specific induction?   | <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |
| Does the student require PPE? If YES,<br>A. Will the worksite provide the PPE?<br>B. Is the student expected to provide their own?                        | <input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> Steel cap boots <input type="checkbox"/> Hearing protection<br><input type="checkbox"/> Safety glasses <input type="checkbox"/> Gloves<br><input type="checkbox"/> Hi-Vis clothing <input type="checkbox"/> Other special clothing |
| Are there any licence / competency / mandatory checks / requirements for the work? (e.g. white card, drivers licence, police check, drug test, etc.)      | <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |
| Will the student be required to operate any plant or equipment? If YES, please specify the item/s.  | <input type="checkbox"/> YES <input type="checkbox"/> NO   | Plant / equipment:  |
| Is the plant and/or equipment adequately guarded and safe to operate?   | <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |
| Are there any specific hazards the student/s should be made aware of?<br>Specific hazards:  | <input type="checkbox"/> YES <input type="checkbox"/> NO   | Please ensure students are adequately trained in the hazards they will be exposed to (e.g. manual handling, plant and equipment)  |
| Plant / equipment (dangerous / moving parts)  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |
| Working at heights (ladders / scaffolding / roof work)  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |
| Working outdoors (sun protections / heat stroke)  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |
| Remote / isolated work (working off-site)   | <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |
| Working with hazardous chemicals (corrosives / PPE)   | <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |
| Manual handling (lifting boxes / repetitive movements)  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |
| Animals (bites / diseases)  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |
| Dealing with difficult people (abusive / aggressive clients)  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |
| Cash handling (armed hold-up procedures / money handling)   | <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |
| Sharp objects / instruments (needle stick injury / knives)  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |
| Traffic management (hi-vis clothing / traffic management training)  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |
| Will travel be required as part of the placement?<br><i>If YES please specify.</i>  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |
| Is there any other relevant information you wish to advise prior to the student/s commencing?<br><i>If YES please provide and/or attach if necessary.</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |

|                              |       |
|------------------------------|-------|
| Person completing this form: | Date: |
| Title / Position:            |       |
| Signature:                   |       |



ST PATRICK'S  
Technical College



# STUDENT PROTECTION AND DUTY OF CARE

St Patrick's Technical College is proud to be involved with our industry partners as we take our students through the transition from College to work. Because trade training is our core focus, we are in the unique position of having young people not only enrolled in the College as students, but also engaged in the world of work.

This scenario brings with it responsibility to ensure the safety and wellbeing of the student whether he or she is attending the College or the worksite. It is important therefore to ensure the following guidelines are followed by every stakeholder involved with St Patrick's Technical College students:

- Ensure students participate in a company induction program when they commence their work placement, especially in Occupational Health, Safety and Welfare (OHS&W);
- Students must be issued with and use all necessary Personal Protective Equipment (PPE) conforming with OHS&W regulations;
- The College is to prepare students for work by ensuring OHS&W awareness programs are delivered and any necessary OHS&W requirements (e.g. White Card, Risk Analysis, etc.) are undertaken prior to commencing on any worksite;
- Employers are expected to provide a safe worksite that complies with all OHS&W regulations;
- Students are to receive appropriate supervision at all times while on worksites and must not be asked to undertake any tasks that could put their safety at risk;
- Should a work related injury occur the work placement provider must:
  1. Ensure the student receives medical treatment immediately;
  2. Notify the College who will contact the student's parent/guardian;
  3. Ensure an "Injury/Incident Report" is completed and a copy sent to the College;
  4. Forward any medical certificates/invoices to the College who will process insurance claims.

*Note: Student work related injuries are not Workcover claims and medical certificates / invoices must be issued in the name of the student to enable processing and insurance claims to proceed. Queries can be directed to the College Finance Manager on telephone - 8209 3700.*

- Alcohol and drugs on worksites are prohibited;
- Employers have a responsibility to ensure, as far as practical, that people entrusted in the care of students are of good character and can be trusted. Opportunities for harassment, abuse or to take advantage of a young person's vulnerability must be avoided;
- Any incident relating to possible abuse must be reported in accordance with the Children's Protection Act 1993.

We are confident the creation of a safe workplace, free from both harassment and abuse, is the aim of all our industry partners and we look forward to strengthening our relationship with you as we create career opportunities for our students.