Government of South Australia
Department for Education

AISSA Association of Independent Schools of South Australia

catholic education south australia

BLACKWOOD HIGH SCHOOL CAREERS

WORKPLACE LEARNING AGREEMENT FORM

The Workplace Learning Agreement form must be completed prior to a student undertaking any type of workplace learning as defined by the relevant sector's Workplace Learning Procedure.

Work health and safety is everybody's responsibility in the workplace. For introductory information about your responsibilities as a worker and employer, visit: Simple Steps to Safety on SafeWork SA's website.

School	Complete the orange sections
Student and Parent/ Caregiver	Complete the blue sections
Workplace Learning Provider	Complete the green sections

SCHOOL DETAILS

The school completes this section and the declaration in section 3.4.

School name:	School contact name:	School contact phone:
Blackwood High School	Andrew Cavallaro	82780900 0437 813 816
School address:	**School contact email:**	
4 Seymour Street, Eden Hills, SA 5050	andrew.cavallaro469@schools.sa.edu.au	

WORK PLACEMENT (tick one)

Work experience	☐	Structured workplace learning (VET etc.)	☐	Work trial for potential apprenticeship or traineeship	☐

Industry area or VET course aligned to this placement:

SECTION 1: ABOUT THE STUDENT

The student and parent/caregiver completes this section and the declarations in sections 3.2 and 3.3.

1.1 1.1.1	Student name:	Student mobile number:	Student email:
	Date of birth:	Year level:	Student home address:
1.1.2	Additional needs: *Identify any medical condition, medication, disability or learning needs that may affect placement. Include any reasonable adjustments the student will require while on placement.* *If none, write N/A.*		
1.2 1.2.1	Parent/caregiver name:	Relationship to student:	Parent/caregiver mobile number:
1.2.2	Alternative emergency contact name:	Relationship to student:	Emergency contact mobile number:

1.3 1.3.1	Does the student need to travel away from home for an overnight stay to access this work placement?	Yes Complete section 1.3	☐	No Move to section 2	☐
1.3.2	Away from home supervisor name:	Relationship to student:	Away from home contact number:		
	Away from home address:				

SECTION 2: ABOUT THE WORKPLACE

The Workplace Learning Provider completes this section and the declaration in section 3.1.

2.1 WORKPLACE LEARNING PROVIDER DETAILS

Workplace learning provider business name:	Workplace learning provider business address
Workplace key contact name:	On-job site address (or as above)
Workplace key contact email:	On-job supervisor name:
Workplace key contact phone:	On-job supervisor phone:

2.2 WORK PLACEMENT STRUCTURE

Option 1: Block placement – 5-10 consecutive days (or N/A where appropriate)

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Start and finish time					
Break time(s)					
Date					
Start and finish time					
Break time(s)					

Option 2: Reoccurring placement – e.g. 1 day per week

Day(s):	Start and finish times:	Break time(s):	First date of placement:	Last date of placement:

2.3 RISK AND MITIGATION

2.3.1 2.3.2 **Student induction to the worksite** [info and resources]	Name and role of person conducting induction:	
	Date of induction:	
	Location of induction:	
Student licenses, competencies, and qualifications required	Student licenses, competencies, additional legal requirements prior to placement (White Card, WWCC, First Aid, N/A etc.)	

2.3.3 Confirm the business/organisation has the following work health and safety measures:

Workplace health and safety policies and procedures

- Site emergency evacuation process [info]
- Grievance and/or complaint process [info]
- Hazard management process [info]
- Injury and/or first aid management process [info]

Psychosocial safety and mental health

- Anti-discrimination, workplace bullying, and/or harassment procedures [info]
  This includes culturally responsive and inclusive practices in support of workers from Aboriginal or other minority backgrounds, religious beliefs and practices, students with disability, and/or students identifying as LGBTQIA+. [info]

Yes ☐ No ☐

2.3.4 Provide further information where relevant, or where 'No' has been selected:

Alternative work placement arrangements, such as virtual work experience, should be negotiated between the employer and the school principal / delegate.

2.3.5 Confirm the business/organisation has additional measures in the workplace where required:

Businesses and organisations that work with/for children

- Policies that protect child safety [info]
  Organisations (both government and non-government) that provide health, welfare, education, sporting or recreational, religious or spiritual, party or entertainment, cultural, childcare or residential services wholly or partly for children must have policies and procedures to create and maintain child safe environments.

Yes ☐ N/A ☐

Machinery, equipment, and/or chemicals

- Safe work procedures (SWPs) for machinery and equipment [info]
- Safety data sheets (SDSs) for chemicals and hazardous substances [info]

Yes ☐ N/A ☐

2.4 TRANSPORT DURING WORK PLACEMENT

2.4.1	Will the student be required to travel as a passenger in a vehicle for the purposes of work placement?	**Yes** *Complete section 2.4*	☐	**No** *Move to section 2.5*	☐

2.4.2 Describe the purpose and frequency of travel: Where? When? Why? How often? etc.

2.4.3 Describe the mode of travel and any further information (tick any that apply)

A: Car, Ute, Van etc. *Move to section 2.4.5* ☐	B: Heavy Vehicles *Move to section 2.4.5* ☐	C: Watercraft or Vessel *Complete section 2.4.4* ☐	D: Other Vehicle(s) *Complete section 2.4.4* ☐

2.4.4 Describe the types, models, names, and locations of each vehicle that will transport the student:

Some types of watercraft, vessels, and other vehicles may not be permitted to transport students on placement. For more information, check with the student's school.

2.4.5	Are all vehicles mentioned in this form registered, in a good state of repair, and operated by a fully licensed operators/drivers?	**Yes** ☐	**No** ☐

2.5 WORKPLACE TASKS AND REQUIREMENTS

2.5.1

Workplace task/role	How and by whom will the task be demonstrated?	What risks are related to the task?	How will risks be reduced?

2.5.2 **Uniform**

Describe the dress code that is expected of the student.

Neat casual office wear, chef's clothing, work uniform, overalls etc. Workplaces requiring customised uniform (with logos etc.) are to provide clothing.

2.5.3	Will the student be required to use personal protective equipment (PPE) as part of their regular tasks or roles?	Yes *Complete section 2.5.4*	☐	No *Move to section 2.6*	☐

2.5.4 Personal protective equipment (PPE) requirements for the work placement

	Steel cap boots	Hearing protection	Safety glasses	Gloves	High-visibility clothing	Sun protection
Workplace to provide	☐	☐	☐	☐	☐	☐
Student to provide	☐	☐	☐	☐	☐	☐

2.5.5 Describe any other specific PPE that is required for the student to be successful: [info and resources]

2.6 WORKPLACE INSURANCE

While a student is participating in the work placement, they are covered by:

- the Department for Education self-insurance arrangement (students enrolled in government schools)
- the school's personal accident and public liability insurance policies (students enrolled in non-government schools)

2.6.1 I certify that, the work placement provider: (tick one)

Has a current public liability protection and/or indemnity insurance policy.	☐	**OR**	The 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.	☐

SECTION 3: ACKNOWLEDGEMENTS AND DECLARATIONS

All stakeholders must agree to the statements below by signing the relevant section of this form prior to work placement commencing.

3.1 WORKPLACE LEARNING PROVIDER DECLARATION

As the work placement provider, I:

- certify that work health and safety practices, procedures and systems are in place and developed and implemented in line with the Work Health and Safety Act 2012 (Cth).
- am aware of my obligations under the Fair Work Act 2009 and undertake to comply with the provisions of that legislation.
- agree to accept this student on work placement and to plan and conduct and appropriate program in a non-discriminatory and harassment free environment in line with the Equal Opportunity Act 1984 and the Sex Discrimination Act 1984.
- will notify the school in the case of student illness, accident, inappropriate behaviour, or any absence.
- give assurance that the workplace is suitable for the student to undertake work placement and that all staff engaging with the student will report, as required, any issues or concern to ensure children and young people are kept safe from harm in accordance with the Children and Young People (Safety) Act 2017.
- understand the student will not be used to replace a paid or striking worker or participate in industrial disputes.
- understand the student will be visited or telephoned by a school representative during placement.
- acknowledge that the student will be directly supervised by persons who are suitably qualified and/or experienced and competent at the relevant tasks that the student will undertake during this placement and will only be engaged in tasks for their maturity, skills, and qualification level.
- understand that the information provided on this form is for the administration of workplace learning only.
- agree, subject to the requirements of the *South Australian Government Information Privacy Principles (re-issued September 2023), that this information is not to be used for any other purpose.*
- have the relevant insurance protection to cover students undertaking workplace learning.

Workplace key contact name:	Signature:	Date:

3.2 STUDENT DECLARATION

I agree that I:

- am willing to learn and participate in the workplace learning described in this document.
- will complete WHS training before placement to understand my role and responsibilities in the workplace.
- agree that the work placement described in this document is safe and suitable for me.
- understand the transport requirements, dress code, and personal protective equipment (PPE) requirements for the work placement.
- will contact my school and my work placement if I am unable to attend placement for any reason.
- will contact my school if I have concerns or questions about my work placement.

Student name:	Signature:	Date:

3.3 PARENT, CAREGIVER, OR INDEPENDENT STUDENT DECLARATION

I give permission for:

- the student to undertake the workplace learning under the conditions described in this document.
- the workplace supervisor to obtain the services of a suitably qualified medical practitioner, and to convey the student to an appropriate place for treatment, including the use of an ambulance, where an emergency contact or I cannot be reached.

I am satisfied that:

- the student is eligible and willing to participate in workplace learning.
- the student has the capacity to communicate their needs and keep themselves and others safe while on work placement.

I undertake:

- to cover the costs of any unmet expenses incurred except for where the expenses are covered under the relevant education sector or individual school's insurance arrangements.

Parent/Caregiver/Student name:	Signature:	Date:

3.4 STUDENT READINESS AND SCHOOL PRINCIPAL / DELEGATE APPROVAL

To be signed when all other sections are completed.

Student Readiness

I confirm that the student:

1. can communicate their needs with others and will be accommodated appropriately in line with section 1.1.2.
2. is ready to learn and participate in the work placement and complete the tasks outlined in section 2.5.
3. has (or is willing to get) appropriate clothes and PPE for the work placement described in section 2.5.
4. has completed (or will complete) WHS training prior to the work placement to keep themselves and others safe.
5. has appropriate transport options available to them to travel to and from the work placement.
6. is suitable for the physical environment of the workplace (indoors/outdoors, noise level, dust/dirt, temperature etc.).

Approval

- I confirm that all required sections of this form have been completed, which allows my school to review both the student's readiness and the information provided by the workplace learning provider; that I am satisfied the student is eligible to participate in the work placement; and that the student has the capacity to keep themselves and others safe in the identified work placement.
- I give permission for this student to undertake work placement as detailed and agreed to in this form with the above-named work placement provider in accordance with the current Workplace Learning Procedure.

Principal/Delegate name:	Signature:	Date:

WORKPLACE LEARNING AGREEMENT FORM AMENDMENTS

All amendments to workplace learning are to be agreed, dated, and recorded in this section or a new form. The student's school is responsible for recording amendments and sharing this information to all stakeholders in **writing or email**. Any amendments must be stored alongside the original agreement.

Where the workplace learning provider (employer) or the parent/caregiver/student requests an amendment to be made, they must inform the school so that relevant information can be documented.

Examples of amendments can include changes to:

- emergency contact information (section 1.2)
- dates and times of work placement or where the student is expected to attend work (section 2.1 or 2.2)
- on-job transport arrangements (section 2.4)
- duties performed by the student on work placement where subsequent PPE needs change (section 2.5)

	SECTION 4: WORKPLACE LEARNING AMENDMENTS		
4.1	Student name: *section 1.1.1*	Workplace learning provider business name: *section 2.1.1*	Date of original agreement sign off: *section 3.4*

4.2	Date	Details of amendment	Principal/Delegate Sign	Communication
				School records updated ☐ Parent/Caregiver/Student ☐ Work placement provider ☐
				School records updated ☐ Parent/Caregiver/Student ☐ Work placement provider ☐
				School records updated ☐ Parent/Caregiver/Student ☐ Work placement provider ☐
				School records updated ☐ Parent/Caregiver/Student ☐ Work placement provider ☐