

Student	
School	
Host Employer	

STUDENT PLACEMENT RECORD

The *Student Placement Record (SPR)* must be completed and signed by the student, host employer, parent/carer and school (both home schools and study school – if applicable) before workplace learning can start. Digital signatures are accepted.

A completed copy must be provided to the host employer, parent/carer and student. The original is to be retained by the school.

SECTION 1: STUDENT DETAILS		(Parent/Carer to complete if student is under 16 years)			
Student Name		Work Placement		Work Experience	
Home School: <i>(if different from the study school below)</i>		VET Course Name <i>(if Work Placement)</i>			
	Contact:	Student school email			
	Email:	Student mobile			
	Phone:	Student age <i>(at time of placement)</i>		Year Level	
<u>Overnight Accommodation Away from Home</u> required?		No / Yes If Yes, please attach relevant documentation			
Medical: Provide details of condition/s or medication/s required (e.g. severe asthma/allergy, type 1 diabetes, epilepsy, anaphylaxis). N/A or details (or attach)					
Support or adjustments: Provide details of provisions needed to ensure successful placement N/A or details (or attach)					

STUDENT DECLARATION

☐ I have completed all pre-placement activities, am aware of my rights and responsibilities, have read and understood [CSNSW Workplace Learning Guide for Students](#) and the Privacy Notice included in this SPR.

When I am undertaking workplace learning, I will:

- participate, learn, and perform my duties safely and **only** in areas that I am allowed
- follow all reasonable directions and will not share host's business or personal information with others
- inform both school and the host employer as soon as possible if I am unable to attend the workplace
- stop work if I feel unsafe and report any issues/accidents/near misses to my host supervisor and school contact as soon as possible if I have any concerns – *see emergency contact card*
- not use my mobile phone for any reason without express permission from host employer/supervisor
- safely undertake vehicle travel (if applicable) as a back-seat passenger (where possible) with the host employer and/or nominated supervisor/s as part of the workplace learning.

Student Signature _____ **Date** _____

SECTION 2: STUDY SCHOOL DETAILS (if different from HOME SCHOOL above)			
School Name		School Email	
School Contact		School Phone	
Contact Position		Contact Work Phone	

The school undertakes to ensure:

- student is prepared, has appropriate skills and maturity to optimise safety and achievement during placement
- employer is provided with a copy of the [CSNSW Workplace Learning Guide for Employers](#)
- parent/carer is provided with a copy of [CSNSW Workplace Learning Guide for Parents & Carers](#)

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SECTION 3: HOST EMPLOYER DETAILS

Organisation Trading Name		Contact person	
Address		Position	
Work Placement Location if different from above		Website	
Email		Mobile	
Type of Industry		Main Activity	
Approx. number of years in current operation		Approx. number employees/workers	
Has the business hosted students for work experience or work placement in the last 12 months?		Yes / No <input type="checkbox"/>	
Is travel with the host employer required?		Yes / No <input type="checkbox"/>	
Does the host employer require the school to make contact prior to placement commencing?		Yes / No <input type="checkbox"/>	
Does the host employer require the student to make contact prior to placement commencing?		Yes / No <input type="checkbox"/>	

SUPERVISION AND STUDENT HOURS

Experienced supervisor. This must NOT be a trainee or apprentice.		Start Date	
Contact name		Finish Date	
Position		Start time	
Contact number		Finish time	
If 1 day/week, what day?		Break time	
Total number of days		Total hours	
For split shifts:	Shift 1 start time	Shift 2 start time	
	Shift 1 finish time	Shift 2 finish time	

ACTIVITIES AND RISK MANAGEMENT – This section must provide details, they cannot be left blank, nor N/A

- [CSNSW Workplace Learning Guide for Employers](#) lists prohibited and high-risk workplace learning activities.
- Please provide **detailed** responses to the following questions. This section outlines potential risks, explains how they will be managed, and supports the school in fulfilling its non-delegable duty of care while ensuring you meet your workplace obligations.

For further advice on completing this section, see the [CSNSW Workplace Learning Guide for Employers](#).

ACTIVITIES /duties to be undertaken by the student
NOT TO UNDERTAKE any activities or tasks? e.g., no-go areas, specific machinery/equipment.
RISKS: Indicate any risks to the student in the planned activities, please be specific. This includes manual handling, repetitive activities, exposure to sun, chemicals, fumes, and the use of dangerous tools or equipment, proposed horse care.
MITIGATION: How will the identified risks be eliminated or controlled? e.g. induction first day, close supervision, tasks demonstrated and supervised to completion by experienced employee/worker.
SPECIAL CONDITIONS: clothing, footwear, equipment, pre-training (including <i>WhiteCard</i> and <i>Food Handler Basics Training</i>), vaccinations, transport, multiple sites, routine car travel, individual student needs, first day arrangements.

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SECTION 3: HOST EMPLOYER DECLARATION

I declare:

- I have read the [CSNSW Workplace Learning Guide for Employers](#) and am aware of my rights and my obligations to provide a safe and positive environment for the student
- I confirm, if travel is noted under Host Employer details as a required part of work activities, the:
 - vehicle to be used is registered, roadworthy and suitable for the work-related purpose to which it will be put
 - proposed driver is appropriately licensed for the vehicle and not subject to any impediment to their driving ability
 - number of passengers in the vehicle will not exceed the number of seatbelts and any licence restrictions. I have advised that good safety practice is for the student to travel in the back seat of the vehicle, where possible
- I will provide planned learning and skill development activities appropriate to the student under my supervision or that of a capable and trustworthy employee/worker (not an apprentice or trainee) briefed for the task
- I confirm that the activities assigned are suitable for the student and that WHS risks have been assessed and managed in accordance with requirements of the Work Health and Safety legislation and regulations applicable to the workplace
- I will check any health care concerns with the student and ensure they and their supervisor know what to do in case of an emergency or medical event, i.e. where the student will keep their medication, e.g. adrenaline auto-injector (EpiPen)
- I will consult and cooperate with the school and will notify the school immediately of any health and safety incidents involving a student while on placement, including near misses
- I will ensure that before the student commences their placement, they are provided a site-specific workplace induction and then with the appropriate information, instruction, training, supervision (and personal protective equipment where needed) throughout the placement
- I acknowledge the student will not be paid during the placement, as this will transfer insurance to my responsibility.
- I have read and understood the special responsibilities associated with working with children and young people as detailed in the section related to child protection in the [CSNSW Workplace Learning Guide for Employers](#)
- I will notify the school immediately if the student is ill, injured, absent or behaving inappropriately; if I need to change sites, start or finish times or if asbestos is found on the site
- I am not aware of anything in the background of any employee/worker member or other person who will have close contact with the student that would preclude these people from working with children/young people
- I have informed employees/workers of their obligations when working with children/young people
- I am aware of the specific restrictions and prohibited activities for students and will ensure students are not asked to carry out any of these activities
- I will provide the student with access to toilet facilities, drinking water, and if required, first aid during the placement
- I confirm my workplace holds appropriate Public Liability Insurance
- I confirm my workplace is following the NSW government guidelines on COVID.

☐ **I agree with all the above statements and will retain this document only for the period of the placement.**

Host Employer signature _____ **Name** _____ **Date** _____

PRIVACY NOTICE – FOR ALL PARTIES

- Information provided by students, parents/carers and host employers is collected by the school named in Section 2 of this SPR for the following purposes:
 - coordinating a workplace learning opportunity for the school student
 - meeting student health, duty of care and child protection responsibilities
 - supporting the information needs of the student, host employer and parent/carer
- The information may be shared with a Work Placement Service Provider, CSNSW or the Diocese for the purposes of:
 - organising HSC VET work placements, but only with the approval of the principal
 - approving an individual placement in an industry with increased risk, or when accommodation away from home is required
- Work Placement Service Providers may provide de-identified information about work placement to the Department of Education for governance purposes.
- Providing the requested information is voluntary. However, if you do not provide all or any of the information requested, the student may not be able to undertake the planned workplace learning. Information on the SPR may be corrected by contacting the relevant school representative, see Section 2.
- All information provided by and to all parties will be stored securely and kept for a minimum of three years where there is no further action relating to the placement.
- For further information about how the school collects, uses and discloses personal information, please see the school's privacy policy which is available on the school's website.

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SECTION 4: PARENT/CARER PERMISSION

Contact Parent Name		Emergency Contact	
Relationship to Student		Relationship to Student	
Contact phone		Contact phone	
Parent contact email		<i>This reliable person has accepted this responsibility if the parent is unavailable. They consent to their details being shared.</i>	

- I agree to be the contact for the student in the event of an emergency outside normal school hours (9am-3pm). If I'm unavailable, I nominate the above contact; for Years 9-10, this is approved by the school principal (see signature below)
- I have provided evidence of vaccination compliance if required by host employer (see Section 2, SPECIAL CONDITIONS)
- I understand that if my young person has been diagnosed as being at risk of anaphylaxis, it is my responsibility to provide an adrenaline auto-injector for the placement. I consent to my young person's ASCIA Action Plan/individual health care plan being provided to the host employer
- I have read [CSNSW Workplace Learning Guide for Parents & Carers](#), understand my role and responsibilities, and will notify the school promptly if I have concerns during placement for the school to follow up
- I understand parents/carers are responsible for any expenses incurred by their young person as a result of accident or injury, prior to a claim being submitted and processed under the school/diocesan insurance provisions
- I consent to my child undertaking vehicle travel with the host employer and/or nominated supervisor/s as part of the workplace learning arrangements (if included by host employer)
- I understand that special approval and additional documentation is required if the placement includes overnight accommodation away from home; relevant documentation is completed and attached
- I have read and understand the Privacy Notice.

☐ By signing, I consent to the placement proceeding as outlined in this *Student Placement Record (SPR)*

Parent/Carer Signature _____ Date _____ Student signature (if over 18) _____

SECTION 5: SCHOOL APPROVAL OF THE PLACEMENT

The school:

- will keep records of incidents affecting the safety of students. Incidents that may result in an insurance claim must be reported within 24 hours using the school's usual reporting procedure within their Work Health and Safety policy
- has checked the proposed activities are safe and appropriate to the capabilities of the student
- will ensure documentation relating to medical information, vaccinations, support or adjustments will be provided and shared with the host employer. If the student is diagnosed as being at risk of anaphylaxis, the school has confirmed that the parent/caregiver has provided an adrenaline auto-injector for the placement
- has provided a copy of the student's current ASCIA Action Plan or health care plan cover sheet to the host employer as per the parent/carers' consent (see above)
- has sighted a *General Construction Induction Training (WhiteCard)* or *Food Handler Basics Training Certificate*, where these are placement requirements
- has assessed and documented any risks associated with placements involving accommodation away from home and/or vehicle travel with the host employer
- understands the workplace learning activity is supported by [CSNSW Workplace Learning Guide for Schools](#)
- has contacted the host employer by phone/visit where applicable (see *Host Employer Details*)
- will ensure arrangements are in place for a teacher to phone/visit student and host employer to check on the progress of the placement, student's safety and well-being and undertake assessment where required by the training package.

☐ I am satisfied all the above have been completed, that all parts of this *SPR* are complete and signed as required and that the placement as outlined is suitable for this student. *(If concerned, the placement should not proceed.)*

Study school principal/delegate signature _____ Name _____ Date _____

Home school principal/delegate signature _____ Name _____ Date _____

If a delegate signature, position in the school: HOME SCHOOL: _____ STUDY SCHOOL: _____