



Work Experience Agreement

Placement Details		
Student's Surname:	Given Names:	Date of Birth:
Program:	Emergency Contact:	
W/E Provider Contact:	Emergency Contact Phone:	
W/E Provider Address:	W/E Provider Contact Person:	
W/E Provider Phone:	Date of Placement:	
Student Agreement		
<p>I will attend my placement for the full work experience period. I will ensure that both the Institute and the person or organisation providing the placement are notified if I am unable to attend. My appearance and behaviour will be in keeping with the standards of my workplace and I will perform my duties to the best of my ability. I will promptly tell my supervisor of any injury or damage to the property which may involve me. I will ensure that I am familiar with the safety requirements of the workplace. I understand that the insurance arrangements for my work experience do not guarantee full or immediate payment of medical or hospital costs in the even of injury and that I should, if I so require, take insurance cover for medical and hospital costs for the duration of the work experience.</p> <p>Students signature: Date:</p> <p>(If applicable, student should attach any details of any medical conditions that may affect his/her work.)</p>		
Parent/Guardian Agreement (not applicable to students over 18)		
<p>I consent to _____ participating in work experience as stated. I agree that he/she will comply with the standards of the workplace and will obey all reasonable safety rules. I understand that the insurance cover for the work experience does not guarantee full or or immediate payment of medical and hospital costs in the even of injury and that I should, if I so require, take out personal insurance for medical and hospital cover costs for the duration of the work experience placement.</p> <p>Signature of Parent/Guardian: Date:</p>		
Work Experience Provider Agreement		
<p>I enter into an agreement for the named student to be placed with me for the purpose of work experience.</p> <p>Conditions of Placement</p> <ol style="list-style-type: none"> 1. The student will work under my supervision or that of my nominee 2. The arrangement may be terminated at any time by the Institute Director or the work experience provider. 3. Payment must not be made to the student participating in work experience. 4. The hours worked must not exceed the normal hours worked in the industry. 5. The student must not perform work which is prohibited by law, because of the student's age, sex, or lack of qualifications. <p>I agree to notify the Institute of injury, unexplained absences, and damage to property caused by the student during the placement and to inform the student of the safety requirements of this workplace.</p> <p>Signature of Provider or nominee: Date:</p> <p>Signature of Witness: Date:</p>		
RTO Agreement		
<p>I enter into an agreement for the named student to be placed with the above named provider for the purpose of work experience and agree to provide the prescribed WorkCover and public liability insurance cover for the duration of the work experience placement.</p> <p>RTO's signature: Date:</p>		

