

FORM: Work Experience Agreement

Privacy statement

Brisbane Catholic Education (BCE) 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, BCE 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:	Chisholm Catholic College	A N D	Provider's name:	
School address:	204 California Creek Rd Cornubia QLD 4130		Provider's address:	
Work experience coordinator:	Mala Nair		Nominated supervisor:	
Phone:	07 3209 0700		Phone:	
Email:	mnair@bne.catholic.edu.au		Email:	
PLACEMENT DETAILS (complete all fields)				
Industry/ Occupation:		Model of work experience:		
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):				
<input type="checkbox"/> Not Applicable				
Dress Requirements:				
Student Requirements:				
Safety Notes:				

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STUDENT DETAILS (complete all fields)					
Student name:		Date of birth:		Gender:	
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.)		<input type="checkbox"/> Not Applicable			
INSURANCE INFORMATION FOR NON-STATE SCHOOL STUDENTS					
<p><i>The nature and location of a Placement activity makes it different from other school activities. The purpose of this information sheet is to explain the insurance arrangements that have been put into effect for non-state school students participating in a Placement program.</i></p>					
<p>WORKERS' COMPENSATION</p> <p>The Queensland Catholic Education Commission purchase from WorkCover, on behalf of the students in Catholic schools, the prescribed workers' compensation insurance to cover injuries resulting in medical expenses, permanent impairment or death occurring while undertaking work with the approved provider or while travelling directly between the home or school and the site where the placement is provided. Contact the school for further information on the process for lodging a claim.</p>					
<p>LIABILITY INSURANCE</p> <p>The Queensland Department of Education has an arrangement with an insurer to indemnify students from State and non-State schools on approved placement. Students are indemnified against costs for which the student may be liable if the placement provider's property is damaged or injury is caused to the placement provider or an employee at the placement provider's premises or at another location while carrying out placement duties on behalf of the placement provider. The indemnity extends to students in instances where they may be liable for injury to the person or the property of a member of the public, arising out of the placement. This cover is provided subject to the terms and conditions of the policy, which specifically exclude various activities from the Department's liability cover.</p>					
<p>Tasks to avoid:</p> <ul style="list-style-type: none"> • Driving of any watercraft • The repair, service, refuelling, maintenance, possession, operation, use or legal control of any aircraft by the insured agency, except for the participation in repair, service, maintenance by placement students of the Insured Agency, who must be under the direct supervision of a Licensed Aircraft Maintenance Engineer or Australian Defence Force equivalent at all times • Air traffic control, except for the observation by Australian Defence Force placement students of the Insured Agency who must be under direct supervision of a suitably qualified Australian Defence Force member at all times • The driving of any vehicle on a public road or thoroughfare or any airport runway or tarmac • Activities associated with railway track laying, track upgrading or track maintenance • Construction or maintenance of railway locomotives or railway stock, except for the participation by placement students of the Insured Agency at Queensland Rail workshops and Rollingstock Maintenance Depots, Aurizon workshops or Downer EDI Rail workshops where those placement students must be under the direct supervision of a qualified and experienced Queensland Rail, Aurizon or Downer EDI Rail employee at all times • Underground mining • Oil and/or gas fields and oil and/or gas refineries; except for the participation by placement students of the Insured Agency at Coal Seam Gas (CSG) industry and Liquefied Natural Gas (LNG) industry workplace sites where those placement students must be under the direct supervision of a qualified and experienced CSG or LNG industry employee at all times 					

- The use, handling and storage of firearms and explosive devices
- Abseiling
- Rock and/or mountain climbing
- White water rafting and canoeing
- Bungee jumping and its associated activities
- Underwater diving using either scuba or snorkelling equipment, where the student is not participating in an activity fully supervised by an appropriately qualified instructor
- Working at heights
- Operating any plant or machinery without adequate training and be supervised by a competent person
- Operating a chainsaw
- Working in a confined space

Access to the two forms of protection is available only when the Principal of a prescribed school has signed a written agreement with the placement provider to place a particular student on work placement.

For more information regarding insurance for non-State school students participating in a placement, please contact the school.

STUDENT RESPONSIBILITIES

I understand that my conditions of placement are to:

- Contact my Host employer at least 1 week prior to placement via phone or in person.
- Attend my placement for the full work experience period
- Be prompt when arriving at work, and when taking breaks
- Arrive at my placement well presented, and my appearance is appropriate for your workplace
- Immediately notify my school and the work experience provider if I am unable to attend or am late
- Demonstrate behaviour aligned to my school's responsible behaviour expectations and in keeping with the accepted standards of my work experience provider
- Listen and perform my duties to the best of my ability and comply with all reasonable directions given by the work experience provider
- Follow all workplace health and safety procedures in my workplace
- Notify my school and work experience provider of any incident or accident in the workplace which may involve me
- Not undertake tasks / activities outlined as not being covered by the Department's liability cover
- Upon completion of my placement, thank the people who I have worked with for their time and assistance

Student signature:

Date:

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PARENT CONSENT (Applicable to students under 18 years of age)

I understand that my responsibilities relating to my student's work experience placement are to:

- provide 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
- Organise transportation for my child to and from the work experience placement location
- Pay any expenses related to my student's participation in the work experience placement
- Contact the school and work experience provider if my child is unable to attend or is late
- Explain to my child the activities that they are not to participate in, outlined as not being covered by the Department's liability cover

I consent to this work experience arrangement and for my child, _____ to participate in work experience as stated.

Parent signature:

Date:

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WORK EXPERIENCE PROVIDER'S AGREEMENT

I enter into an arrangement for the named student to be placed with me for the purpose of work experience. Conditions of placement are:

- understanding my responsibilities relating to health and safety under the *Work Health and Safety Act 2011 (Qld)*
- providing students with relevant and appropriate training and inductions, 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 damage 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, time sheet, evaluation forms) 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:

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PRINCIPAL'S AGREEMENT

- 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.
- I confirm that I have reviewed the risk assessment conducted and control measures implemented in accordance with the above-named work experience provider.

Principal's signature:

Date:

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