

# Accommodation away from home form

This original form and any attachments are to be retained by the school and EVET provider (where relevant) and copies provided to the student, parent/carer and host employer.

This form **must be** completed when the student is staying away from home for work placement/experience with a host employer.

This form **may be** completed when the student is staying away from home with family.

## Section A: Placement Details

Student name: \_\_\_\_\_ School year: \_\_\_\_\_  
Placement dates: \_\_\_\_\_ School/EVET provider: \_\_\_\_\_  
Host Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact number: \_\_\_\_\_ Dates of placement: \_\_\_\_\_ to \_\_\_\_\_  
Contact Teacher: - \_\_\_\_\_ Teacher's position: \_\_\_\_\_  
Work experience:  Workplacement:

## Section B: Accommodation Information

Accommodation arranged by: Parent/carer  School/EVET provider  Host employer

Type of accommodation: Private home

Accommodation type: Single  Shared  Motel/hotel  Dormitory  Other\* \_\_\_\_\_

Accommodation is with: Family  Other (name) \_\_\_\_\_

Travel between workplace and accommodation: Private car  Public Transport  Other \_\_\_\_\_

Has the school/EVET provider visited the property to assess accommodation? Yes  No

\*If the adult responsible for supervising the student's accommodation is not a member of the student's family, additional documentation will need to be completed. The department's Working With Children Check [Declaration for volunteers and Non-Child-Related Contractors](#) must be completed and provided to the school/EVET provider before the placement is approved.

What are the meal arrangements: \_\_\_\_\_

Will the student have access to a phone in an emergency? Yes  No

Accommodation address: \_\_\_\_\_

Name of adult supervising the student at the overnight accommodation: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Contact number: \_\_\_\_\_

Is there mobile phone coverage? Yes  No

Phone numbers at the accommodation: Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Degree of property isolation: \_\_\_\_\_ Details of nearest medical facility: \_\_\_\_\_

Distance to medical facility: \_\_\_\_\_ Ease of access in a medical emergency: \_\_\_\_\_

Describe accommodation safety and emergency features where relevant : \_\_\_\_\_

Are there after hours social activities? Yes  No

If yes, please describe: \_\_\_\_\_

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Overnight, the accommodation supervisor will be located at: \_\_\_\_\_

Is this nearby to the student: Yes  No

## Declaration by host employer/accommodation supervisor.

I/we agree to provide safe and secure accommodation for the student and ensure that the student is not exposed to harm.

I/we am not aware of anything in the background of any staff member at this accommodation that would preclude our hosting the student during this placement.

As the host employer, I will make all employees at the accommodation aware of the above undertaking to ensure that the student is not exposed to harm.

Host employer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Accommodation supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

## Declaration by parent/carer

Parent/carer name: \_\_\_\_\_

I have spoken with the adult responsible for supervising my child at the overnight accommodation. I understand that a non-family adult supervisor will need to complete the declaration and provide certified proof of identity, as specified in Section B above, to the school/EVET provider before the placement can be approved.

I am satisfied with the supervision arrangements.

I approve of the overnight accommodation, travel arrangements and out-of-hour activities.

I understand that the insurance and indemnity provisions:

- Apply to daily travel to and from the workplace
- Apply to activities undertaken under the supervision of the employer during work hours
- Only apply to overnight accommodation which is provided and supervised by the employer as a normal provision of that type of employment

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section C: To be completed when host employer provides onsite accommodation

The school/EVET provider appreciates you volunteering to provide accommodation onsite for the student(s) undertaking workplace learning away from home. The placement provides exceptional educational outcomes that the student(s) might otherwise have not been able to access.

The NSW Department of Education has policies and procedures related to child protection. The essential information about working with children and young people provided in the department's The Workplace Learning Guide for Employers also applies to the provision of onsite overnight accommodation.

EVET providers are responsible for ensuring that mandatory NSW Department of Education requirements are met, including the activities to be undertaken, duty of care, child protection and incident reporting.

We trust that hosting the student at your site will be mutually beneficial and anticipate that the student will benefit greatly from the experience of undertaking workplace learning with your enterprise.

## Section D: To be completed by the school/EVET provider

Outline the reasons the placement requires accommodation away from home eg. lack of opportunity in the local community, exceptional opportunity.

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## Declaration and approval by school/EVET provider.

The student has completed suitable preparatory activities including strategies for keeping themselves safe and emergency contact arrangements.

The student has been issued with an Emergency Contact Card and trained how to use it.

I have contacted the parent/carer and discussed accommodation, transport and supervision arrangements. I have discussed accommodation and supervision arrangements with the host employer/supervisor in cases where this is provided onsite.

Completed Declaration for Volunteers has been reviewed by the school/EVET provider prior to placement approval.

The following documents are attached:

- Student placement record
- Declaration for volunteers and Non-Child-Related Contractors

The placement as documented on the attached student placement record and the accommodation arrangements are approved.

## School/EVET provider sign off

Name: \_\_\_\_\_ Position: \_\_\_\_\_

School/EVET provider: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For EVET provider arranged placements the school principal is required to acknowledge and approve the arrangements.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

## Section E: Factors for special consideration before approving placement

Travel details from home to the accommodation/workplace.

Travel details from accommodation to worksite/s.

Describe host employer's experience in hosting other students.

What other adults will be present and are they aware of their child protection responsibilities?

Will the host employer solely supervise the student?

Number and gender of students on placement.

If the placement includes weekend will there be a different supervisor?

If the student is to be transported on the property describe how this will occur?

Attach the program of student activities for the weekend if applicable.

What processes are in place if the student/s is uncomfortable or unhappy during the placement?

Discuss protective strategies for the host employer such as:

- ensuring that students are not supplied alcohol
- avoiding situations where students are left alone with employees
- avoid physical contact with student
- support students to stay together where relevant.

Name of staff member conducting assessment: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

File this assessment and supporting documentation (eg. Location map, photos of the accommodation) with the completed Student Placement Record and Declaration for Volunteers and Non-Child-Related Contractors where relevant