

# External VET (EVET) student placement record

The EVET student placement record must be completed and signed by the student, host employer, parent or carer, school and EVET provider before workplace learning can start. A completed copy must be provided to the host employer, parent or carer and student. The original is to be held by the EVET provider.

## Section 1: Student information

Placement with EVET provider     Host employer     Accommodation away from home is required

Student's name \_\_\_\_\_ School \_\_\_\_\_ Year (eg.10,11) \_\_\_\_\_

Date of birth \_\_\_\_\_ Student's mobile number \_\_\_\_\_

Email \_\_\_\_\_ Medicare number \_\_\_\_\_

Provide details of **any** medical conditions or medication required eg. severe asthma, type 1 diabetes, epilepsy, anaphylaxis or other severe allergy.

Provide details of any support or adjustments to make the placement successful.

### *If more space is needed, please attach the information*

When on workplace learning I will:

- Carry my student safety and emergency contact card
- Complete pre-placement activities
- Inform the EVET provider, school and the host employer if I am unable to attend the placement
- Follow all reasonable directions and will not share private, business or personal information
- Work safely and only in areas that I am allowed
- Stop work if I feel unsafe and report any issues or accidents to my supervisor, EVET provider and school as soon as possible
- Not use my mobile phone for any reason without permission except for reporting an incident or concern
- Contact school or my emergency contact if I feel unsafe or have any concerns.

Student Signature \_\_\_\_\_ date \_\_\_\_\_

## Section 2: School details

School \_\_\_\_\_ Address \_\_\_\_\_

Contact number \_\_\_\_\_ Nominated contact \_\_\_\_\_

Contact position \_\_\_\_\_ Contact number \_\_\_\_\_

- the student has been prepared for the workplace prior to the placement
- contact during business hours has been provided
- the host employer has been provided a copy of [The Workplace Learning Guide for Employers](#)
- student's parents/carers have been provided a copy of [The Workplace Learning Guide for Parents and Carers](#).

### Section 3: EVET provider details

EVET provider name \_\_\_\_\_ Contact person \_\_\_\_\_  
 Address \_\_\_\_\_ Contacts position \_\_\_\_\_  
 Email \_\_\_\_\_ Contact number \_\_\_\_\_  
 Type of industry \_\_\_\_\_ Main activity \_\_\_\_\_

The EVET provider has read *the Guidelines for the External Delivery of VET Courses to Secondary Students (EVET)* and undertakes to ensure that:

- the student is prepared for the workplace to optimise the student’s safety and achievement during their placement
- [The Workplace Learning Guide for Employers](#) is used by the EVET provider/host employer
- the student’s parents or carers are provided with a copy of [The Workplace Learning Guide for Parents and Carers](#)
- if the placement involves accommodation away from home, additional preparation occurs and relevant documentation is completed & attached the travel form is completed, where relevant.

### Section 4: Host employer details, if different from EVET Provider

Host Business \_\_\_\_\_ Contact person \_\_\_\_\_  
 Address \_\_\_\_\_ Contact position \_\_\_\_\_

Provide details of workplace learning location if different to the address above

\_\_\_\_\_

Contact number \_\_\_\_\_ Mobile \_\_\_\_\_  
 Email \_\_\_\_\_ Website \_\_\_\_\_

Tick if you require contact from the school or student prior to placement commencement.

### Supervision and student hours

Name of experienced supervisor, must not to be a trainee or apprentice \_\_\_\_\_  
 Position \_\_\_\_\_ Contact number \_\_\_\_\_  
 Start date \_\_\_\_\_ Finish date \_\_\_\_\_ Total number of days \_\_\_\_\_ Total hours \_\_\_\_\_  
 Students start time \_\_\_\_\_ Finish time \_\_\_\_\_ Breaks \_\_\_\_\_ If one day per week list day \_\_\_\_\_  
 For split shifts: Shift 1 start time \_\_\_\_\_ finish time \_\_\_\_\_ Shift 2 start time \_\_\_\_\_ finish time \_\_\_\_\_

### Activities and risk management

**Please note: These sections cannot be left blank**

Please provide detailed responses to the following questions. This section details any risks, how they will be managed and assists the school to manage their duty of care and satisfy your workplace obligations. For more information see: [Completion of the student placement record to meet the department’s standards](#).

For a list of activities that students are **not to undertake** select the link : [Prohibited activities and activities that need special consideration](#)

List the activities to be undertaken by the student.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List activities that the student is **not to undertake**. This includes no-go areas, specific machinery and equipment that is dangerous for new or young workers. Please note an extensive risk assessment must be completed for horse riding and the use of farm vehicles.

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List any risks to the student in planned activities. This includes manual handling, exposure to sun, chemicals, fumes, repetitive strain injuries and the use of dangerous tools or equipment.

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How will the listed risks be eliminated or controlled, eg. WHS induction first day, close supervision.

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List any special conditions such as clothing, footwear, pre-training, vaccinations or transport.

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### **Host employer to read the following declaration and sign the document.**

- I have read the [Workplace Learning Guide for Employers](#) and am aware of my rights and responsibilities and the need to provide a safe and positive work environment for the student.
- I will provide planned learning and skill development activities appropriate for the student under the supervision of myself or a capable and trustworthy employee 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 the Work Health and Safety Act 2011(NSW).
- I will check any health care concerns with the student and ensure they and their supervisor knows what to do in the case of an emergency i.e. where the student will keep their medication or 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 see that the student is first provided with 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 that the student will not be paid during the placement and will notify the school if the student is ill, injured, absent without explanation or behaving inappropriately.
- I will notify the school immediately if I need to change sites or find asbestos on the site.
- I am not aware of anything in the background of any staff member or other person who will have close contact with the student that would preclude that staff member or person from working with children
- I will provide access to first aid, toilet facilities and drinking water.
- I have informed employees of their responsibilities when working with children and 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 agree to all the above statements.
- By signing this section you are confirming your workplace is following NSW Health COVID-19 safe guidelines (or relevant state or territory COVID safety plans).

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

Print Name \_\_\_\_\_

Privacy notice - for all parties

The information provided by students, parents/carers and host employers is obtained for the purpose of coordinating a workplace learning opportunity for the school student. The NSW Department of Education will use the information to meet student health, duty of care and child protection responsibilities and to support the information needs of the student, host employer and the parent/caregiver. The Work Placement Service Provider might access information related to HSC VET work placements but only with the approval of the principal. Providing this information is voluntary. However, if you do not provide any of the information requested then the student may not be able to undertake the planned workplace learning. The information you provide will be stored securely and kept for a minimum of two years where there is no further action relating to the placement. The information will only be disclosed for purposes directly related to the purpose for which it is collected. You may correct any personal information by contacting the student's school or EVET provider.

## Section 5: Parent/carer permission

Name \_\_\_\_\_ Relation to student \_\_\_\_\_

Contact number \_\_\_\_\_ Work number \_\_\_\_\_ Contact after normal business hours \_\_\_\_\_

**Tick if the placement includes out of normal business hours.** If ticked, please respond to either 1 or 2 below:

**1. Years 11-12** where relevant: I agree to be the contact for the student in the event of an emergency or:

I nominate \_\_\_\_\_ contact number \_\_\_\_\_ to be the reliable contact out of normal business hours. Their relationship to my child is \_\_\_\_\_ and they have accepted this responsibility.

**2. Years 9-10:** Contact arrangements must be negotiated with the Principal by the parent/carer and student.

The arrangements are: \_\_\_\_\_

- I have provided evidence of vaccination compliance as required by host employer (for information contact school)
- I understand if the student is diagnosed as being at risk of anaphylaxis, I will provide an adrenaline auto-injector for the student for the placement.
- The student has a current ASCIA Action Plan or individual health care plan and I consent to a copy being provided by the school to host employer eg health care plan cover sheet.
- Tick if the placement includes **overnight accommodation away from home**. I understand this will need special approval and additional documentation.
- I have read [The Workplace Learning Guide for Parents/Carers](#) and understand my role and responsibilities.
- I will immediately notify the school if I have any concerns and the school will follow up.
- I am aware of the contents of the Privacy Notice on Page 4.

By signing I consent to the student undertaking the placement outlined on this student placement record.

\_\_\_\_\_  
Signature of parent/carer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of student (if over 18 parent signature not required)

## Section 6: School approval of the placement

- General construction induction card (white card) has been sighted where applicable.
- Where the placement involves accommodation away from home, relevant documentation is completed and attached.
- The school has contacted the host employer where applicable. See check box page 2.

I am satisfied that all the above have been completed and all parts of this student placement record are complete and signed as required and the placement is suitable for this student.

\_\_\_\_\_  
*Signature of Principal/Nominee      Print name      Date      Nominee position in school*

## Section 7: EVET provider approval of placement

- The student has been prepared for the workplace by the EVET provider to optimise the student's safety and achievement during their placement.
- The placement is supported according to the Department's Workplace Learning Policy and Associated Documents and Forms.
- The EVET RTO will advise the school of any incidents affecting the safety of students, including near misses, while undertaking workplace learning. This will enable the school to implement the department's Incident Reporting Policy and Procedures. In accordance with the policy, incidents must be reported as soon as possible but within 24 hours.
- The student has been issued with a Student Safety and Emergency Contact Card and trained how to use it by the EVET provider in collaboration with the school.
- Documentation of medical information, vaccinations, support or adjustments will be provided and shared with the host employer where relevant. If the student is diagnosed as being at risk of anaphylaxis, the EVET provider has confirmed with the school that the parent or carer has provided an adrenaline auto-injector for their child for the placement.
- The school has provided a copy of the student's current ASCIA Action Plan or health care plan cover sheet to the host employer as per parent/carers consent.
- The EVET provider will undertake a phone call or supervisory visit during the placement and follow up with the student after placement.

I am satisfied that all of the above have been completed and that all parts of this student placement record are complete and signed as required and that the placement is suitable for this student.

\_\_\_\_\_  
*EVET provider signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Position in EVET provider*