

Workplace Learning Contact Form

Student and placement details

Student's name _____ Year (eg. 11) _____

Students school _____ Host Business _____

Placement Dates _____ Placement Location _____

Name and position of workplace contact _____

Date of pre-placement phone call _____ Date Employers WPL guide provided _____

Matters discussed with Host Employer by phone

Student information: Background, school program, experience and skill level

Student preparation and level of work readiness

Benefits of placement to student and any health issues or required adjustments in the workplace

Activities to be undertaken by the student and any special conditions

Supervision arrangements both during the placement and after hours. Accommodation away from home form must be completed

Any risks to the student and how these will be managed in the workplace

Student induction process including WH&S matters and student welfare

Organised time to visit/phone during placement

Teacher signature and date _____

Supervisory contact during placement

Supervisory student contact by phone/visit: date _____ time _____

Comments _____

Post placement follow up: date _____ time _____

Comments _____

Teacher signature and date _____