

Onsite accommodation assessment form

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/friends.

School and student information

School _____ Contact teacher _____

Contact teachers position _____

Student name _____ Student year group (eg. Yr.11) _____

Dates of Placement _____ To _____ work experience work placement

Has the school/EVET provider:

1. Visited the property to look at the accommodation arrangements? YES NO
2. Advised the need for a [Declaration for volunteers and Non-Child-Related Contractors](#) - required when a non-family adult is supervising the student's accommodation?
YES NO

Host employer information

Name of employer _____

Name of student's supervisor _____

Supervisors position _____

Address _____

Phone number _____ Is there mobile phone coverage? YES NO

Degree of property isolation _____

Will the student have access to a phone in an emergency? YES NO

Details of nearest medical facility _____

Distance to medical facility _____ Ease of access in a medical emergency _____

Accommodation information

Address of student accommodation _____

Type of accommodation: Single Shared

What are the meal arrangements? _____

Who will be the student's after work hours supervisor? _____

How will student/s contact this supervisor ? _____

Describe accommodation safety and emergency procedures.

Are there after hours social activities? YES NO

If yes please describe _____

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 accommodation away from home document.