

Student record for current employment

This form is for students who want to use their current employment to satisfy mandatory HSC VET work placement requirements.

The school or the EVET provider must retain this original form and any attachments (where relevant) and a copy provided to the student and parent/carer.

Section A: Student and employment details

Student's name _____ Year (eg. 11) _____ Date of birth _____

Student's school _____

My current employment will satisfy _____ hours of the mandatory work placement component of my VET course _____

The period is from _____ to _____

I undertake to keep an accurate record of my employment activities as evidence of practicing and/or learning VET course competencies. Evidence of workplace activities on page 3 should be completed as evidence.

I will inform my teacher as soon as possible, but no later than within 7 days, of any change to the agreed employment arrangements, conditions or activities as that change may affect the recognition of my employment for mandatory work placement.

Student's signature _____ Date _____

Section B: Parent/carer details

Name _____ Contact number _____

I consent to the student's current employment being recognised for mandatory work placement as a part of their VET course.

Signature _____ Date _____

Section C: Details of school/EVET provider

School/EVET provider _____ Contact teacher _____

Address of school/EVET provider _____

Telephone _____ Email _____

The school or EVET provider is satisfied that the nature of the business or enterprise accurately reflects the character and purpose of the industry.

The VET teacher/EVET provider will contact and verify the details of the evidence of workplace activities with the student's employer/supervisor.

VET teacher printed name _____

Section D: Employer details

Name of organisation or trading name _____

Address _____

Contact number _____ email _____

Contact person _____ position _____

The student commenced employment with my business on _____ and currently works an average of ____ hours per week.

The student will complete the evidence of workplace activities on page 3. This will be provided to the teacher as evidence of the skills and learning taking place in the workplace.

I acknowledge the student is my employee and my insurance coverage and arrangements will continue to apply to the student for the full period of their employment.

Print name _____

Signature of employer/supervisor _____ Date _____

Privacy notice – for all parties

The information provided by students, parents/carers and employers is obtained for the purpose of providing evidence of workplace activities. The NSW Department of Education will use the information to meet the needs of the student, the school/EVET provider, and the parent/carer.

The information you provide will be stored securely and kept for a minimum of two years where there is no further action relating to this document. 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 teacher in charge of the student's workplace learning program at the student's school/EVET provider.

Section E: Evidence of workplace activities

Please use additional copies of this page where more activities are completed.

Name of student _____ Business _____

Employer _____ Telephone _____

The table below is to be completed by the student, verified by the employer or supervisor and returned to the VET teacher.

Student's position/s	Date/s
Description of job role eg. Retail Assistant, Barista or Construction Labourer	
Tasks and skills performed on the job	
Industry attitudes developed eg. teamwork, communication and following instructions.	
Workplace supervisor comments	

Student signature _____ Date _____

Workplace supervisor signature _____ Date _____

VET teacher signature _____ Date _____