

School Work Experience Application Form

1. STUDENT DETAILS			
Family Name:		Given Name:	
School:		Date of Birth:	
Home Phone:		Email:	
Mobile:		Indigenous: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Gender: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>			
Work Experience Coordinator Name:		Phone:	
Mobile:	Alternative Phone No:	Email:	
Class Teacher Name:		Phone:	
Ochre Card Obtained: YES <input type="checkbox"/> N/A <input type="checkbox"/>			
<p>As a student on work experience I agree to:</p> <ul style="list-style-type: none"> attend the host workplace at the agreed days and times or notify my host and the school Work Experience Coordinator (coordinator) promptly if I am unable to do so; be appropriately dressed and carry out all lawful and reasonable directions of the host workplace supervisor(s) and perform my duties to the best of my ability; comply with host workplace rules governing health and safety including by taking reasonable care for my own health and safety and taking care that my actions do not adversely affect the health and safety of other persons; promptly inform my host supervisor and the school coordinator of any incident or accident; immediately contact the school coordinator or the school if there are any aspects of my placement that are of concern to me; and the information on this form being provided to the host workplace. 			
Student Signature:		Date:	
2. HOST WORKPLACE DETAILS			
Business Name:			
Street Address:			
Postal Address:			
Phone:	Fax:	Email:	
Contact person:			
Phone:	Mobile:		
Supervisor Name:			
Phone:	Mobile:		
Primary Activity:			
Placement dates:	Start time:	Finish Time:	
Please indicate the type of work and workplace structure that will be provided:			
Student tasks to be performed:		Special Conditions/Requirements (clothing/safety etc):	
<p>Tick if required:</p> <p>Ochre Card <input type="checkbox"/> PPE <input type="checkbox"/> Age restrictions <input type="checkbox"/></p>			

<p>I have read and am authorised by the host workplace to agree to the obligations set out in the Department of Education document “Requirements of a Host Workplace” and undertake to immediately advise the school if for any reason the host workplace is no longer able to fully comply with those requirements.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>This workplace complies with <i>Work Health and Safety (National Uniform Legislation) Act 2011(NT)</i>.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>A workplace induction will be conducted with the student prior to the work experience placement.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Our workplace has adequate and accessible facilities.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Our workplace has adequate first aid facilities.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Our workplace has suitable emergency response procedures.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Our workplace provides and mandates the use of Personal Protective Equipment.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Name:	Position:	Signature:	Date:

3. PARENT/GUARDIAN / EMERGENCY CONTACTS

Contact Name 1:		Relationship to Student:	
Address:			
Home Phone:	Day Phone:	Mobile:	
Email:			
Contact Name 2:		Relationship to Student:	
Address:			
Home Phone:	Day Phone:	Mobile:	
<p>As the parent/guardian of this child, I;</p> <ul style="list-style-type: none"> agree to them participating in work experience at the host workplace; agree to the information on this form being provided to the host workplace; give permission for my child to receive first aid in the case of minor injury; give permission to the host workplace to arrange for an ambulance and/or appropriate emergency medical treatment in the case of injury; acknowledge that the host workplace employees are not required to hold a current Working with Children Clearance Notice unless the host workplace or its employees are engaged in child related employment as defined by the <i>Care and Protection of Children Act</i>; agree to arrange and meet the costs of transport to and from the host workplace; and provide the following information about any medical condition, medication and/or other relevant information that may affect my child's capacity to participate in work experience; <p>Details: eg: asthma; colour-blind; allergies: _____</p>			
Name:	Signature:	Date:	

4. SCHOOL USE ONLY

(tick as appropriate)	YES	NO
Orientation program completed and recorded		
All teachers advised of placement dates		
Ochre Card required		
Ochre Card obtained		
Is PPE required and issued		
Medical / disability requirements		
Was workplace observation required /completed		
Special arrangements necessary		
Details		

5. PRINCIPAL/DELEGATE APPROVAL

Note: If the students is 14 years of age then only the principal can approve work experience.		
Name:	Signature:	Date:

