

Pre-Accredited Work Experience Agreement between Learn Local and Employer

Between

**LEARN LOCAL AND PRE-ACCREDITED WORK EXPERIENCE**

Learn Local name: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

Training Organisation ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

Learn Local ACN or ABN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

Business address: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_ \_

Pre-accredited course name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_ \_\_

Skills relevant to pre-accredited course developed on Pre-Accredited Work Experience (if insufficient space, attach separate sheet): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_ \_ \_ \_ Total hours of Pre-Accredited Work Experience: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

Supervising Trainer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

**EMPLOYER DETAILS**

Employer (business) name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address for practical placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Workplace contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_ \_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activities the learners will undertake (if insufficient space, attach separate sheet)

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from (commencement date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to (completion date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

Total hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

**LEARN LOCAL RESPONSIBILITIES**

The Learn Local should ensure that:

* Pre-Accredited Work Experience activities will provide workplace learning suitable to the capabilities and experience level of the learner group
* Pre-Accredited Work Experience activities directly link to the overarching A Frame course plan
* The Pre-Accredited Work Experience Agreement details the activities being delivered by the host employer, and is signed by both the host employer and the LLO
* Learners attending Pre-Accredited Work Experience have completed any required occupational health and safety preparation
* The host employer and learners have clear expectations about the skills and competencies which the learner is expected to gain in the workplace
* Learners are well prepared for Pre-Accredited Work Experience activities.

**EMPLOYER RESPONSIBILITIES**

The host employer should ensure that:

* A thorough OHS briefing is provided to learners and Learn Local staff prior to on-site delivery
* The learners and Learn Local Organisation trainer/s are inducted into the workplace on their first day of activity
* The learners understand the activities they are going to complete as a component of Pre-Accredited Work Experience
* Where required, learners are provided with appropriate clothing and protective equipment and are instructed on its use
* Opportunities are provided for learners to acquire or to enhance skills
* The learners are given adequate support and are directly supervised at all times while undertaking work-related activities
* Learners are given feedback at the completion of the Pre-Accredited Work Experience
* Activities planned with the LLO are delivered as agreed.

**SIGNATURES OF PARTIES TO THIS AGREEMENT**

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| --- | --- | --- |
| **Learn Local Representative**  **Position/title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  I ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to take part in this Pre-Accredited Work Experience agreement and understand and accept the Learn Local responsibilities outlined in this agreement. | **Signature:** | **Date:** |
| **Employer Representative**  I ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to take part in this Pre-Accredited Work Experience agreement and understand and accept the employer responsibilities outlined in this agreement. | **Signature:** | **Date:** |