***Education and Training Reform Act 2006* – Ministerial Order 724: Work Experience Arrangements (Non-School Providers)**

**STUDENT DETAILS**

Surname First Name Birth Date / /

Non-School Provider Name and Address

 Postcode Telephone

Work Experience Coordinator

**IN CASE OF AN EMERGENCY, THE EMPLOYER SHOULD CONTACT THE STUDENT’S PARENT OR GUARDIAN AND THE WORK EXPERIENCE COORDINATOR:**

Name (Parent/Guardian)

Address Postcode

Tel. (Home) (Work) (Mobile)

Emergency contact (Name and Tel.)

**PRIVACY INFORMATION: The information provided on this form is for the administration of Work Experience Arrangements only and is not to be used for any other purpose. This information must be kept confidential.**

**WORK PLACEMENT DETAILS**

Employer (business) name Tel.

Business address Postcode

Student’s work location address Postcode

Workplace contact person Supervisor

Work Experience hours am / pm, to am / pm; on ❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday

from (commencement date) to (completion date) Total number of days

**TRAVEL WITH EMPLOYER**

**The following sections are to be completed only if the Student is required to undertake vehicle travel with the Employer and/or nominated Supervisor/s as part of this Arrangement.**

**EMPLOYER ACKNOWLEDGEMENT**

I, \_\_\_\_\_\_\_\_ [name of individual, or on behalf of the employer if employer is an incorporated body] attest that:

* the proposed driver has a current and valid Australian driver's licence relevant to the vehicle the proposed driver uses;
* the proposed driver is not disqualified or suspended from driving;
* the proposed driver is not subject to any other impediments to his/her ability to drive a motor or other vehicle (as relevant);
* the vehicle in which the Student is to be transported is comprehensively insured; and
* to the best of my knowledge the vehicle in which the Student is to be transported is roadworthy, safe for normal road use and suitable for the work-related purposes to which it will be put.

Signature Date / /

**STUDENT CONSENT (if aged 18 years or over)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

consent to undertaking vehicle travel with the Employer and/or nominated Supervisor/s as part of this Arrangement.

Signature Date / /

**PARENT CONSENT (if Student is aged under 18 years)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

consent to my child undertaking vehicle travel with the Employer and/or nominated Supervisor/s as part of this Arrangement.

Signature ❑ Parent or ❑ Guardian Date / /

**ACCOMMODATION ARRANGEMENTS**

**The following sections are to be completed only if the Student is required to stay at accommodation other than his or her normal place of residence for the purpose of this Arrangement.**

**ACCOMMODATION DETAILS**

Who will the Student be staying with?

❑ Parent/guardian

❑ Other family member/s (e.g. grandparent, older sibling) – please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Friends of the family

❑ Employer

Name of person responsible for supervising student at accommodation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodation address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_

Telephone: Business Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ After hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of stay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel arrangements to and from the workplace \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_

**PARENT CONSENT (if the Student is aged under 18 years)**

I, \_\_\_\_\_\_\_\_ ,

* consent to my child staying at accommodation other than his or her normal place of residence for the purposes of this Arrangement;
* confirm that the accommodation arrangements as outlined above are suitable; and
* understand that I am responsible for the control and care of my child at all times while they are not under the care and control of the Employer, or any other person.

Signature ❑ Parent or ❑ Guardian Date / /

**STUDENT CONSENT (if aged 18 years or over)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

* consent to staying at accommodation other than my normal place of residence for the purposes of this Arrangement;
* confirm that the accommodation arrangements as outlined above are suitable; and
* understand that I am responsible for my control and care at all times while I am not under the care and control of the Employer, or any other person.

Signature Date / /