



Work Placement Application

WORK PLACEMENT ENQUIRY			
Name:			
Current status: (ie Student & what year of study)			
Work experience requested:			
Dates requested:	Period from:		To:
Days requested per week:	Each day		
Restrictions or requirements:			
Insurances: (State level of insurance coverage)	a) A level of public liability insurance (self-employed)		
	b) Covered by an educational facility		
OBTAIN EDUCATION FACULTY DETAILS (if applicable)			
Name of Education Faculty:			
Organisation Contact:			
Telephone Contact:			
Email Contact:			
CHECKS			
Checking for suitability	<p><i>Please be aware you as manager/Supervisor are totally responsible for the student and HR will only be involved at the initial process, and to help arrange an OSH induction. The general management and supervision is the responsibility of the yourself taking on the student.</i></p> <p><i>If you agree to take on the student you will need to:</i></p> <ul style="list-style-type: none"> • <i>directly discuss logistics with the Student to ascertain if they are suitable for the role,</i> • <i>discuss requirements and PPE required of the role (ie steel cap boots) and</i> • <i>arrange all associated commencement activities such as computer access, building access, rosters, and inductions.</i> 		
If you feel a work placement is deemed suitable	<p>Request a letter from the Education Institute outlining the following;</p> <ul style="list-style-type: none"> <input type="checkbox"/> Information about the work placement; <input type="checkbox"/> Student details; <input type="checkbox"/> Emergency contacts; <input type="checkbox"/> Insurance information (Certificate of Currency) <p>Forward HR a copy of the letter/information to be assessed.</p>		

