



WORK EXPERIENCE AGREEMENT

Student/Parent: Principal/Work Experience Provider

Privacy Statement

The Department of Education and Training (DET) is collecting the information on this form in accordance with the *Information Privacy Act 2009 (Qld)* and s. 426 of the *Education (General Provisions) Act 2006 (Qld)* in order to arrange a work experience placement. The information will only be accessed by authorised employees within the department/school and the nominated work experience provider. Some or all of this information may be given to the Queensland Government Insurance Fund and WorkCover Queensland for the purpose of processing any claims for insurance coverage as required by the *Education (Work Experience) Act 1996 (Qld)*. Your information will not be given to any other person or agency unless you have given us permission or we are required by law to do so.

With respect to an agreement to place a student on a work experience organised under the auspices of the *Education (Work Experience) Act 1996* between the Principal of:

School Name:		Provider's Name:
School Address:	and	Provider's Address:
Phone:		Phone:
Fax:		Fax:
Email:		Email:
Contact Person:		Contact Person:

Name of Student:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Date of Birth: / /
Out of School Hours Emergency Phone No:			Year:

PLACEMENT DETAILS
Industry/Occupation:
Model of Work Experience:

Dates of Placement:

No. of days:

1. STUDENT'S RESPONSIBILITIES

I will attend my placement for the full work experience period. I will ensure that both the school and the person or organisation providing the placement will be notified if I am unable to attend the workplace. My dress and behaviour will be in keeping with the accepted standards of my work experience provider. I will perform my duties to the best of my ability and comply with all reasonable directions given by the work experience provider. (This may include participation in random drug and alcohol testing as per Workplace Health and Safety requirements in particular industries). I will promptly tell my supervisor of any personal injury or damage to property which may involve me.

_____	/ /
Student's Signature	Date
(if applicable, attach details of any medical condition)	

2. PARENT CONSENT (Applicable to students under 18 years of age)

I consent to _____ participating in work experience as stated.

_____	/ /
Signature of parent	Date

3. WORK EXPERIENCE PROVIDER'S AGREEMENT

I enter into an arrangement for the named student to be placed with me for the purpose of work experience. Conditions of placement:

- I understand my duties for the health and safety of the student under the *Work Health and Safety Act 2011 (Qld)*.
- I agree to inform the student of particular safety requirements of this workplace.
- I agree to notify the school of any accident involving a school student, any actions undertaken and damages to property involving the student during this placement.
- The student will work under my supervision or my nominee.
- The arrangement may be terminated at any time by either the school principal or myself.
- Payment will not be made to the student participating in work experience.
- The hours worked will not exceed the normal hours worked in my industry.
- The student will not perform work which is prohibited by law.
- I agree to notify the school of any unexplained absences by the student.
- I understand the level of liability cover provided by Department of Education and Training.

_____	/ /
Signature of work experience provider	Date

4. PRINCIPAL'S AGREEMENT

I enter into an arrangement for the named student to be placed for the purpose of work experience with the above named work experience provider.

_____	/ /
Principal's signature	Date