**STUDENT PLACEMENT ARRANGEMENT**

The parties entered into a Student Placement Agreement dated date, month, year recording the terms and conditions that will govern Placement of Students at the Institution. This document sets out the details for an individual Placement pursuant to clause 3.3 of the said Agreement.

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| **Placement Details** | |
| **Parties** |  |
| **University** |  |
| Name: | {universityName} |
| Address: | {universityAddress} |
| ABN: | {universityAbn} |
| **Host institution** |  |
| Name: | **{hostName}** |
| Address: | **{hostAddress}** |
| ABN: | **{hostAbn}** |
| **Student** |  |
| Name: | **{studentName}** |
| Title: | **{studentTitle}** |
| Student ID: | **{studentId}** |
| Telephone: | **{studentPhone}** |
| Email: | **{studentEmail}** |
| **Course** |  |
| Name: | **{courseName}** |
| Major Discipline Area: | **{majorDisciplineArea}** |
| **Placement duration** | **[Duration must allow for a minimum of 100 hours to be completed]** |
| Start date: | {startDate} |
| End date: | {endDate} |
| **Placement Location** | {location} |
| If different to host institution’s address: |  |
| **Host Supervisor** |  |
| Name: | {supervisorName} |
| Title: | {supervisorTitle} |
| Telephone: | {supervisorPhone} |
| **Placement Officer** |  |
| Telephone: | {placementOfficerPhone} |
| Email: | {placementOfficerEmail} |
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| **Project Outline** |
| **Project Name** (if any)**:**  {projectName} |
| **Background** (information about the organisation, business and/or industry)**:**  {projectBackground} |
| **Skills and experience desired** (e.g. organisational skills, marketing):  {skillsAndExperience} |
| **Student Level**Undergraduate (2nd year onwards), Postgraduate students, or both:  {studentLevel} |
| **Placement / project details** (e.g., key tasks, description of the position, responsibilities etc):  {placementDetails} |
| **Deliverables** (If applicable):  {deliverables} |
| **Learning outcomes:**  {learningOutcomes} |
| **Monitoring of work integrated learning experience:**  As required, **The Institution** shall contact the Placement Officer, WIL to discuss issues relevant to the work integrated learning experience provided by them. |

**EXECUTED** as an agreement

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| SIGNED for and on behalf of **THE UNIVERSITY** by its authorised representative: | | SIGNED for and on behalf of **THE INSTITUTION** by its authorised representative: | |
| NAME:(in capitals) |  | NAME:(in capitals) |  |
| TITLE: | **Placement Officer** | TITLE: |  |
| DATE: |  | DATE: |  |