

**Official: Sensitive//Personal privacy (after first entry)**

**Department of Defence**

**Work Experience Placement Agreement**

We are pleased to offer you a Work Experience Placement with Defence. To participate in this placement, you are required to complete a Defence Work Experience Placement Agreement.

Please ensure that **all questions are answered and each checkbox is marked**. You are unable to participate in the program if your agreement is incomplete.

Information about the types of activities you may participate in is available in the 'My Placement Form' and provides specific details of the placement and any items that may be required.

**Item 1: Participant Details**

**Privacy notice**

Defence collects your personal information for the purpose of administering, evaluating and reporting on Defence Youth Programs. The personal information you provide is subject to the Privacy Act 1988 and is handled in accordance with the Australian Privacy Principles and the Defence Privacy Policy.

The Defence Privacy Policy explains how Defence (including the Australian Defence Force Cadets) collects, stores, uses and discloses personal information, and is available at [www.defence.gov.au/ComplaintResolution/privacy.asp](http://www.defence.gov.au/ComplaintResolution/privacy.asp). This policy is supplemented by privacy provisions contained in the Youth Policy Manual available at [www.defencelyouth.gov.au](http://www.defencelyouth.gov.au).

The information you provide to Defence and any other information Defence collects about you may be used and/or disclosed by Defence to parents, responsible third parties or any law enforcement body, child protection agency or any other organisation where considered necessary to safeguard young people.

The personal information collected in the Defence Work Experience Program administration forms is being collected for the purpose of coordinating and managing the Participant's Work Experience Placement, to undertake statistical analysis in order to report on and improve the program, and to help Defence meet its duty of care for the safety and wellbeing of all participants.

If individuals have concerns about how Defence handles the personal information it holds about them, or they would like to access or request a change be made to that information, they can contact the Defence Privacy Officer via [defence.privacy@defence.gov.au](mailto:defence.privacy@defence.gov.au)

Participant Full Name		
Educational Institution		Grade/Year
Email		
Date of Birth	Mobile	
Gender    Male <input type="checkbox"/> Female <input type="checkbox"/> Gender X/Non-Binary <input type="checkbox"/>		
Australian Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>		Permanent Resident Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you identify as an Australian Aboriginal or Torres Strait Islander    Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to disclose <input type="checkbox"/>		
Are you from a non-English speaking background?    Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to disclose <input type="checkbox"/>		

T-Shirt Size (T-shirts may be supplied)	XS <input type="checkbox"/>	S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	XL <input type="checkbox"/>	XXL <input type="checkbox"/>		
Pant Size (Waist in cm) (Pants may be supplied)	75 <input type="checkbox"/>	80 <input type="checkbox"/>	85 <input type="checkbox"/>	90 <input type="checkbox"/>	95 <input type="checkbox"/>	100 <input type="checkbox"/>	105 <input type="checkbox"/>	110 <input type="checkbox"/>

**Item 2: Physical Activity Profile**

Some placements may be physically demanding. Please tick the activity type that you participate in regularly during a standard week.

Activity Type	
Vigorous activities are activities that lead to a significant increase in breathing or heart rate. Activities could include running or jogging, swimming, football, gym sessions or aerobic activity.	<input type="checkbox"/>
Moderate-intensity activities are activities which may cause you to break a sweat and moderately increase heart rate. Activities could include bike riding, skateboarding, brisk walking, hiking or social sports.	<input type="checkbox"/>
Light activities do not cause you to lose breath or to break a sweat. Activities could include leisurely walking, light housework, walking around the school or shopping.	<input type="checkbox"/>

**Item 3: Primary Emergency Contact**

(If the participant is under 18 years the person below should be recorded as the Parent/Guardian)

Name
Relationship to Participant
Phone
Email

**Item 4: Alternate Emergency Contact**

Name
Relationship to Participant
Phone

**Item 5: Medical Information**

In order to meet Defence's obligations under the Workplace Health and Safety Act 2011(Cth) all participants will be required to disclose any pre-existing medical conditions, illness or injuries as part of your application process.

The information you are requested to give will be used to record medical, accident and other details. The contents and use of this information meet the requirements of the *Privacy Act 1988* and will be treated as confidential. This information will be made available to government or private medical or paramedical staff and other relevant officers in the event of an accident or emergency.

You have the right to keep certain medical information private, provided that the omitted information will not affect the provision of appropriate medical care. You are also entitled to check the record processed from the information you have provided, and to correct any inaccuracies.

While every effort is made to support every participant's inclusion on the program, if a disclosed condition requires modifications that are unable to be supported while maintaining compliance with Defence policies or significantly impact on the participation in the program, then Defence reserves the right to withdraw a participant's offer.

**To ensure that the information on this form is accurate and current, you are requested to advise Defence immediately of any changes that should be reflected and arrange to update the form as soon as they occur.**

**Item 6: Medical & Dietary Information**

**Does the Participant have any medical conditions or current injuries?** (*including cognitive, social, physical, sensory and/or medical*)

Yes  No

If yes, please list these conditions below. You will be required to provide a copy of your medical action plan. Please submit with this agreement.

List any prescribed or regular medication the participant takes regularly or may require during the placement (e.g. asthma inhaler, epi pen, paracetamol)

**Does the Participant have specific dietary requirements?** (*for example, but not limited to: Gluten free, Vegetarian, Vegan, Halal*)

Yes  No

If yes, please provide dietary details.

**Does the Participant have specific food allergies?** (*for example, but not limited to: egg, cow's milk, peanut, tree nuts, sesame, soy, fish, shellfish and wheat*)

Yes  No

If yes, please provide details and attach a copy of the Participants Allergen Action Plan to the agreement when submitting. (*If applicable*)

## 1. Participant Agreement

By signing this Form, I (the Participant) agree to and acknowledge the following:

- I have read the Participant Code of Conduct and My Placement form and understand which behaviours are acceptable and unacceptable. I understand that Defence will take action if I breach the Participant Code of Conduct and I may be excluded from certain activities, my parents/guardian and/or school may be contacted, or I may be asked to leave the placement.
- Defence may change, re-schedule or cancel this Work Experience Placement or planned activities at short notice for any reason and will not be responsible for any losses suffered as a result.
- I have provided all of my information about medical conditions; medication and dietary requirements that is relevant to my participation in the Work Experience Placement.
- In the event that I am injured or fall ill while participating in the Work Experience Placement, Defence may administer necessary first aid. In the event of a serious injury or illness, I may be transported to the nearest civilian medical/hospital facility. I am responsible for the payment of any costs associated with the treatment provided.
- I will not take any items (including documents) from Defence sites without the written consent of my Defence Supervisor.
- I have read, understood and agree to the obligations and conditions outlined in this Form and all information provided is true and accurate to the best of my knowledge.

Participant Name	
Participant Signature	
	Date

## 2. Parent/ Guardian/ Participant (Over 18) Agreement

If the participant is under the age of 18, a parent/guardian is required to complete and sign this section.

If the participant is over the age of 18, they are to complete and sign this section.

Please note: Not all of the activities listed below will occur on all placements. Activities involving physical training or military hardware may only occur on military placements.

By signing this Form, I (the Parent/Guardian/Participant) agree to the terms and conditions outlined under the Participant Agreement heading. Additionally, I give my consent for the following activities:

Defence physical training activities, subject to any limitations and restrictions I have advised on this Form.

Yes  No

Travelling in Defence vehicles, which may include cars, trucks, aircraft and/or ships.

Yes  No

Activities involving supervised use of computer-based Defence weapons simulator systems.

Yes  No

Handling unloaded firearms under supervision.

Yes  No

The Participant being photographed and videoed for Defence official and promotional purposes\*

Yes  No

\*including official Defence social media pages and being identified in the captions and other explanations provided with those images and recordings

Parent/Guardian/Participant Name	
Parent/Guardian Signature (under age of 18)	
Participant Signature (over age of 18)	Date

## 2. Educational Institution Agreement

**By signing this Form, I agree to and acknowledge the following, on behalf of the Educational Institution:**

- Information that the educational institution is aware of any condition (including cognitive, social, physical, sensory and/or medical) that may impair a Participant's capacity to safely engage in this placement has been listed above or notified to Defence. If medical support or adjustments are to be provided this has been shared with Defence.
- There may be instances when Defence is not able to proceed with the Work Experience Placement or certain activities that were planned during the Placement. Defence may change, re-schedule or cancel this Work Experience Placement or planned activities at short notice for any reason and will not be responsible for any losses suffered as a result.
- All liabilities and expenses incurred by the Educational Institution in facilitating the Participant's Work Experience Placement are the liabilities and expenses of the Educational Institution.
- The Educational Institution has, and will maintain, adequate public liability insurance which covers liability (including to the Department of Defence) in respect of loss of, damage to, or loss of use of, any real or personal property; and the personal injury of, disease or illness to, or death of, any person arising from or in any way connected with the Participant's Work Experience Placement.
- I have read, understood and agree to the obligations and conditions outlined in this Form and all information provided is true and accurate to the best of my knowledge.

**Please list any additional requirements or information regarding the participant not already listed in the agreement above:**

Name	
Position/Education Institution	
Phone	Email
Representative Signature	Date

## 3. Defence Representative Agreement

**THIS SECTION FOR DEFENCE PERSONNEL USE ONLY**

**By signing this Form, I agree to and acknowledge the following, on behalf of Defence:**

- I have read and understood the information provided in this form, particularly in relation to the Participant's disclosed fitness, medical and dietary information (if any) and have made appropriate adjustments as required.
- I confirm that a Risk Assessment will be completed for this work placement.
- I will forward the Nominal Roll (which includes the information contained in this Agreement) to the host supervisor as applicable.

Name	
Title/Rank	
Signature	Date



# Student placement record

The Student Placement Record (SPR) must be completed and signed by the student, host employer, parent or carer and school before workplace learning can start. A completed copy must be provided to the host employer, parent or carer and student. The original is to be held by the school.

## Section 1: Student information (Parent to complete if student is under 16 years old)

- HSC VET work placement. VET course name \_\_\_\_\_  Work experience
- Accommodation away from home is required.

Student's name \_\_\_\_\_ School \_\_\_\_\_ Year (eg. 10,11) \_\_\_\_\_

Student age \_\_\_\_\_ Student Mobile number \_\_\_\_\_

Student email (school) \_\_\_\_\_

Provide details of **any** medical conditions or medication required eg. severe asthma, type 1 diabetes, epilepsy, anaphylaxis or other severe allergy. \_\_\_\_\_

Provide details of any support or adjustments to make the placement successful.

## Student Declaration

If more space is needed, please attach the information. Student to read and sign declaration.

- I have completed all preparation activities before attending placement.

When on workplace learning I will:

- Carry my student safety and emergency contact card
- Inform the school and the host employer as soon as possible if I am unable to attend the placement
- Follow all reasonable directions and will not share host's business or personal information with others
- Work safely and only in areas that I am allowed
- Stop work if I feel unsafe and report any issues or accidents to my host supervisor and school as soon as possible
- Not use my mobile phone for any reason without permission from the host employer or supervisor
- Contact school or my emergency contact if I feel unsafe or have any concerns.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

## Section 2: School contact details

School name \_\_\_\_\_ School Email \_\_\_\_\_

School number \_\_\_\_\_ Nominated contact \_\_\_\_\_

Contact Position \_\_\_\_\_ Contact's number \_\_\_\_\_

The school confirms that:

- The student has been prepared for the workplace prior to the placement and has the appropriate skills and maturity to be safe in a workplace
- Contact during business hours has been provided
- The host employer has been provided a copy of [The Workplace Learning Guide for Employers](#)
- Student's parents/carers have been provided a copy of [The Workplace Learning Guide for Parents and Carers](#).



### Section 3: Host employer details

If more space is needed, please attach the information

Host employer \_\_\_\_\_ Contact person \_\_\_\_\_

Address \_\_\_\_\_ Position \_\_\_\_\_

Provide details of work location if different to the address above or if student travel is involved.

Contact number \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Type of Industry \_\_\_\_\_ Main activity \_\_\_\_\_

Approx. years in current operation \_\_\_\_\_ Approx. number of employees \_\_\_\_\_

Tick box if you have hosted students for work experience or work placement in the last 12 months.

Tick if you require contact from the school  or student  prior to placement commencement.

### Student supervision and hours to be worked

Name of experienced supervisor, must not be a trainee or apprentice \_\_\_\_\_

Position \_\_\_\_\_ Contact number \_\_\_\_\_

Start date \_\_\_\_\_ Finish date \_\_\_\_\_ Total number of days \_\_\_\_\_ Total hours worked \_\_\_\_\_

Student start time \_\_\_\_\_ Finish time \_\_\_\_\_ Break \_\_\_\_\_ If one day per week list the day \_\_\_\_\_

For split shifts: Shift 1 start time \_\_\_\_\_ finish time \_\_\_\_\_ Shift 2 start time \_\_\_\_\_ finish time \_\_\_\_\_

### Activities and risk management – these sections must be completed

Please provide detailed responses to the following questions. This section details any risks, how they will be managed and assists the school to manage their non-delegable duty of care and satisfy your workplace obligations. For more information see: [Completion of the student placement record to meet the department's needs.](#)

For a list of activities that students **must not undertake** click on the link: [Prohibited activities and activities that need special consideration.](#)

List the activities to be undertaken by the student \_\_\_\_\_

List activities that the student **must not undertake**. This includes no-go areas, specific machinery and equipment that is dangerous for new or young workers. Please note an extensive risk assessment must be completed for horse riding and the use of farm vehicles.

List any risks to the student in planned activities, please be specific. This includes manual handling, exposure to sun, chemicals, fumes, repetitive strain injuries and the use of dangerous tools or equipment.

How will the listed risks be eliminated or controlled, eg. induction first day, close supervision, tasks are demonstrated and supervised to completion.



List special conditions such as clothing, footwear, pre-training, vaccinations or student travel with host employer. \_\_\_\_\_

**Host employer declaration: Read the following and sign the document. I declare:**

- I have read the [Workplace Learning Guide for Employers](#) and am aware of my rights and obligations to provide a safe and positive work environment for the student.
- If applicable, the vehicle in which the student is travelling is registered, the driver is licensed for the vehicle they will be driving, and provisional license holders comply with all their conditions.
- I will provide planned learning and skill development activities appropriate for the student under my supervision or that of a capable and trustworthy employee (not apprentice/trainee) briefed for the task.
- I confirm that the activities assigned are suitable for the student and that WHS risks have been assessed and managed in accordance with the Work Health and Safety Act 2011 (NSW).
- I will check any health care concerns with the student and ensure they and their supervisor know what to do in the case of an emergency i.e. where the student will keep their medication or adrenaline auto-injector-EpiPen.
- I will consult and cooperate with the school and will notify the school immediately of any health and safety incidents involving a student while on placement, including near misses.
- I will ensure that before the student commences their placement, they are provided a site-specific workplace induction and then with the appropriate information, instruction, training, supervision (and personal protective equipment where needed) throughout the placement.
- I acknowledge that the student will not be paid during the placement.
- I will notify the school immediately if the student is ill, injured, absent without explanation or behaving inappropriately or I need to change sites or find asbestos on the site.
- I am not aware of anything in the background of any staff member or other person who will have close contact with the student that would preclude that staff member or person from working with children.
- I have informed employees of their obligations when working with children and young people.
- I am aware of the specific restrictions and prohibited activities for students and will ensure students are not asked to carry out any of these activities.
- I will provide the student with access to toilet facilities, drinking water and if required, first aid during the placement.
- I confirm my workplace is following the NSW government guidelines on COVID.
- I agree to all the above statements and will retain this document only for the period of the placement.

Host employer signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

**Privacy notice:** The information requested on this form is being collected by the Department of Education (the department). The department will use the information for the following purposes:

- (i) Coordinating a workplace learning opportunity for the school student.
- (ii) Meet student health, duty of care and child protection responsibilities.
- (iii) Support the information needs of the student, host employer and the parent/carer.

Provision of this information is voluntary, however, if you do not provide all or any of the information requested the student may not be able to undertake the planned workplace learning. The department might share the information with a Work Placement Service Provider for the purpose of organising HSC VET work placements but only with the approval of the principal. You have the right to access and correct the information you provide. If you wish to do so, please contact the student's school. Information you provide will be stored securely and kept for a minimum of three years where there is no further action relating to the placement.



## Section 4: Parent/carer permission

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Contact number \_\_\_\_\_ Work number \_\_\_\_\_ Contact after business hours \_\_\_\_\_

Parent/carers email address \_\_\_\_\_

**Tick if the placement includes out of normal business hours.** If ticked, please respond to either 1 or 2 below:

**1. Years 11-12:** I agree to be the contact for the student in the event of an emergency or:

I nominate \_\_\_\_\_ contact number \_\_\_\_\_ to be the reliable contact out of normal business hours. Their relationship to my child is \_\_\_\_\_ and they have accepted this responsibility and consent to their contact details being shared.

**2. Years 9 -10:** Contact arrangements must be approved by the principal.

The arrangements are: \_\_\_\_\_

- I have provided evidence of vaccination compliance as required by host employer. (*For information contact school*)
- I understand that if my young person is diagnosed as being at risk of anaphylaxis I will provide an adrenaline auto-injector for the placement. I consent to my young person's ASCIA Action Plan or individual health care plan being provided to the host employer.
- I understand that I am responsible for any expenses incurred by my young person as a result of accident or injury, prior to a claim submitted and processed under insurance provisions.
- I understand that special approval and additional documentation is required if the placement includes **overnight accommodation away from home**.
- I have read [The Workplace Learning Guide for Parents/Carers](#) and understand my role and responsibilities. I will immediately notify the school if I have any concerns, and the school will follow up.
- I confirm I have read and understand the contents of the Privacy Notice on Page 3.
- I confirm the details listed in the student information section on page 1 are correct if student is under 16 years old.

By signing I consent to the student undertaking the placement outlined on this student placement record.

M. Nune

Signature parent/carer

Date

Signature of student (if over 18)

## Section 5: School declaration and approval of the placement

- The school will report any student incidents within 24 hours including near misses, in accordance with the department's incident reporting procedures within the [Work health and safety policy](#).
- Proposed activities have been checked, are safe and appropriate to the capabilities of the student.
- Documentation of medical information, vaccinations, support or adjustments will be provided and shared with the host employer. If the student is diagnosed as being at risk of anaphylaxis, the school has confirmed that the parent or carer has provided an adrenaline auto-injector to the student.
- The school has provided a copy of the student's current ASCIA Action Plan or health care plan cover sheet to the host employer as per parent/carers consent (see above).
- General construction induction card (white card) has been sighted where applicable.
- Food handlers basic training certificate or equivalent units of competency to be sighted where applicable.
- Where the placement involves accommodation away from home, relevant documentation is completed and attached.
- The school has contacted the host employer where applicable. See check box page 2.
- Arrangements are in place for a teacher to phone or visit the student and host employer to check on the progress of the placement.

I am satisfied that all the above have been completed and all parts of this student placement record are complete and signed as required and the placement is suitable for the student.

Signature of principal/delegate

Print name

Date

Position in school