

Work Experience Travel and Accommodation Form

Education and Training Reform Act 2006 – Ministerial Order 382: Work Experience Arrangements (Schools)

STUDENT DETAILS

Surname _____ First Name _____ Birth Date / /
 School Name and Address _____
 MOUNT WAVERLEY SECONDARY COLLEGE
 LECHTE ROAD, MOUNT WAVERLEY. PO BOX 346 MOUNT WAVERLEY Postcode 3150 Telephone 9803 6811
 Work Experience Coordinator STEPHANIE THOMAS Student Year Level _____

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 _____
 Employer email address _____
 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) 5 JUNE 2018 to (completion date) 9 JUNE 2018 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] will ensure that, if the student is required to undertake travel:

- the driver has a current and valid Australian driver's licence relevant to the vehicle the driver uses;
- the driver is not disqualified or suspended from driving;
- the 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 / /

PARENT/GUARDIAN 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 / /

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 / /

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/GUARDIAN 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 / /