

Work Placement Employer Agreement Form

STUDENT DETAILS (Student to complete)				
Title: Please tick (✓)	<input type="checkbox"/> Mr	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms
Family Name:				
Given Name(S):				
Current Course:				

To the Work Placement Employer:

Thank you for considering our student for Work Placement at your organisation. Work placement involves students applying the skills and knowledge learnt in class to a real life workplace. Students will need to be supervised by a workplace supervisor nominated by you and will be assessed by a 4Life assessor. The 4Life assessor will use the Work Placement Assessment Kit, a workplace visit and the views of the supervisor, to determine if a student is competent in the workplace. Industry placement is central to the course and there is a strong emphasis on 'learning by doing'. The emphasis is also on education through gaining first-hand knowledge by working in a workplace.

Thank you for taking the time to complete this form. As a Registered Training Organisation, we are required to assess each potential work place to ensure suitability for our students. The details you provide will assist us to make this assessment. Upon the receipt of the completed form, our College will review the details and email your nominated contact person of the outcome.

WORK PLACEMENT EMPLOYER DETAILS (Work Placement Employer to complete)				
Name Of Organisation/ Trading Name:				
Address:				
Contact Person:		Position:		
Phone:		Mobile:		
Email:				
Website:				
Location of placement (if different from above address):				

SUPERVISION AND STUDENT HOURS (Work Placement Employer to complete)	
Supervisor Name (experienced employee who will provide on-going supervision of the student):	
Position:	
Induction Date and Time (if different from start):	
Start Date And Time:	
Finish Date And Time:	
Work Placement Days And Shift Hours:	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri Hours:

Work Placement Employer or Workplace Supervisor declaration

Please confirm your commitment to the following, by signing and dating below:

- To read the Work Placement Guide for Employers and be aware of the employer's rights and responsibilities outlined therein.
- To provide a safe and positive environment for the student, free from harassment and discrimination.
- To confirm that any activities assigned are suitable for the student and that WH&S risks have been assessed and managed in conformity with the Work Health and Safety Act of each state.
- To see that the student is first provided with a site-specific workplace induction (e.g. workplace policies and procedures) and then with the appropriate information, instruction, training, supervision (and protective equipment where needed) throughout the work placement.
- To explain the expectations of the workplace regarding performance and tasks, workplace standards, hours of work and other details pertinent to the student, at the commencement of work placement.
- To support the student's work on a day to day basis and to actively encourage the student in achieving their specific objectives.
- To take responsibility for the general supervision and educational development of the student whilst on work placement (or delegate this to an appropriate qualified person).
- To validate the attendance record of the student.
- To give an evaluation of the student's level of skills (or to delegate this to an appropriate qualified person).
- To notify 4Life Work Placement Coordinator promptly if it is felt that the student is not complying with the general rules of the workplace, not making satisfactory progress, or if there is a question over their suitability.
- To notify 4Life Work Placement Coordinator if the student is ill, injured, absent without explanation or behaving inappropriately.

Signature of WP Employer/ Workplace Supervisor

Date

Full Name of WP Employer/ Workplace Supervisor