

WORK EXPERIENCE AGREEMENT

Student/Parent : Principal/Work Experience Provider

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:
School Address:
Phone: Fax:
Contact Person:

and

Provider's Name:
Provider's Address:
Phone: Fax:
Contact Person:

Name of Student: ☐ Female ☐ Male Date of Birth:
Out of School Hours Emergency Phone No: Year: 8

PLACEMENT DETAILS

Industry/Occupation:
Model of Work Experience: Sampling

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. I will promptly tell my supervisor of any personal injury or damage to property which may involve me.

Student's Signature

(if applicable, attach details of any medical condition)

Day/Month/Year
Date

2. PARENT/GUARDIAN/CAREGIVER'S CONSENT (Applicable to students under 18 years of age)

I consent to Student's Name participating in work experience as stated.

Signature of parent/guardian/caregiver

Day/Month/Year
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:

1. I understand my obligation of care for the student under the Workplace Health and Safety Act 1995.
2. I agree to inform the student of particular safety requirements of this workplace.
3. 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.
4. The student will work under my supervision or my nominee.
5. The arrangement may be terminated at any time by either the school principal or myself.
6. Payment will not be made to the student participating in work experience.
7. The hours worked will not exceed the normal hours worked in my industry.
8. The student will not perform work which is prohibited by law.
9. I agree to notify the school of any unexplained absences by the student.
10. I understand the level of liability cover provided by Education Queensland.

Signature of work experience provider.

Day/Month/Year
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

Day/Month/Year
Date