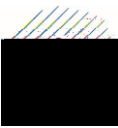


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Student Name		School	Moama Anglican Grammar	Host employer
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Student Name	School	Moama Anglican Grammar	Host employer
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### Section 3 Host employer details

If more space is needed please attach the information.

Host business	Contact person
Address	Position
Provide details of workplace learning location if different to the address above	
Contact number	Mobile
Email	Website
Type of industry	Main activity
Approx. years in current occupation	Approx. number of employees

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

### Supervision and student hours

Name of experienced supervisor (must not be a trainee apprentice)	Contact number
Position	Finish date
Start date	Total hours
Total number of days	Finish time
Start time	Break time
Break time	If one day a week, list days

For split shifts	Shift 1 start	Finish time
	Shift 2 start	Finish time

### Activities and risk assessment

Please note: These sections cannot be left blank

Please provide detailed responses to the following questions. This section details any risks, how you assist the school to manage their duty of care and satisfy your workplace obligations. For more information, please refer to the relevant sections of the Victorian WorkSafe Act 2008. For more activities that students undertake, please refer to the relevant sections of the Victorian WorkSafe Act 2008.



Student Name

School

Moama Anglican Grammar

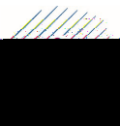
Host employer

Host employer to read the following declaration and sign the document.

- I have read the Workplace Learning Guide for Employers and am aware of my rights and responsibilities to provide a safe and positive work environment for the student.
- I will provide supervised learning and skill development activities appropriate for the student under the supervision of a capable and trustworthy employee (not apprentice/trainee) briefed for the task.
- I confirm that the activities assigned are suitable for that student and that WHS risks have been assessed and controlled 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 where the student will keep their medication and their EpiPen.
- I will consult and cooperate with the school and will notify the school immediately of any health concerns involving a student while on placement, including near misses.
- I will see that the student is first provided with workplace induction and then with the appropriate instruction, training, supervision (and personal protective equipment where needed) throughout the placement.
- I acknowledge that the student will not be paid during the placement and will notify the school if absent without explanation or behaving inappropriately.
- I will notify the school immediately if I need to change sites or the first site is no longer suitable.
- I am not aware of anything in the background of any staff member or other person who will be working with the student that would preclude that staff member or person from working with children.
- I will provide access to toilet facilities and drinking water.
- I have informed employees of their responsibilities when working with children and young people.
- I am aware of the specific restrictions and prohibited activities for students and will ensure that no such activities are carried out.
- I agree to all the above statements.

By signing this declaration you are confirming your workplace is following NSW Health territory COVID-19 safety guidelines including a COVID safety plan.

Host employer signature		Date	
PRINT NAME			



Student Name		School	Moama Anglican Grammar	Host employer	
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**Section 4 Parent/carer permission**

Name		Relation to student	
Contact number		Contact after hours number	

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

1. Years 1-12: 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 business hours. Their relationship to my child is \_\_\_\_\_ and they have accepted this responsibility.

2. Years 9-10: Contact arrangements must be negotiated with the principal by the parent/carer and are:  
 \_\_\_\_\_

Parent/carer to read the following declaration and sign the document.

- I have provided evidence