



Year 11 Block 2

8th – 19th November 2021

	B4
	RTP

B.1. STUDENT SECTION

STUDENT INFORMATION	
Student's Name:	Date of Birth:
Student Mobile:	Medicare Number:
Address:	Postcode:
Emergency person:	Home Ph:
Mobile:	Work Ph:
Workplace Name:	Contact Name:
Address:	Phone:
	Email:
Please tick where applicable:	
<input type="checkbox"/> I or my parents/carers/guardians have provided details of any medication, adjustments, disability, and/or learning support the school or the employer should know about. If this information changes, I will inform the school.	<input type="checkbox"/> I know I must contact my workplace learning coordinator if I have any concerns about my placement. <input type="checkbox"/> I know I must contact my workplace learning coordinator if I have any concerns about the behaviour of the host employer or staff towards me.
<input type="checkbox"/> I have completed a Safety Induction e.g. WorkSafe Smart Move, White Card.	<input type="checkbox"/> I will inform both the host employer and my workplace learning coordinator as soon as possible if I am unable to attend the work placement on any given day.
<input type="checkbox"/> I have been made aware of the specific requirements that apply to the particular industry my placement is in and agree to comply with these requirements.	<input type="checkbox"/> I know who to contact in an emergency.
<input type="checkbox"/> I am aware of my rights and responsibilities.	<input type="checkbox"/> I will comply with all reasonable direction from the host employer and their employees.
<input type="checkbox"/> I understand my responsibilities during the placement to support work health and safety in the host workplace. I know I must not do anything to jeopardise the safety of myself and others.	<input type="checkbox"/> If I have access during the placement to business or personal information which is private and confidential, I will not convey that information to any person outside the host employer's workplace.
<input type="checkbox"/> I understand the need for and will acquire basic personal protective clothing and equipment (e.g. steel capped boots) required for the placement.	<input type="checkbox"/> I will not use any device to record conversations, video or take photographs without permission from the host employer or supervisor.
<input type="checkbox"/> I understand that if I feel unsafe during the placement I have the right to not undertake the task and I have the right to report the issue as soon as possible to my workplace learning coordinator.	<input type="checkbox"/> I will inform my workplace supervisor and the school promptly of any injury or accident that involves me.
<input type="checkbox"/> I understand that my physical and personal safety is of the highest importance during the placement and there are no negative consequences for me in reporting health and safety issues to my school, the host employer and/or to my parents(s)/carer/guardian.	
Student signature:	Date:
_____	_____

<input type="checkbox"/> New Employer	<input type="checkbox"/> Sent Student Guide Bklt	<input type="checkbox"/> Emp B2	<input type="checkbox"/>
<input type="checkbox"/> Employer Confirms	<input type="checkbox"/> Entered into D/Base	<input type="checkbox"/> Par B3/Letter	<input type="checkbox"/>
<input type="checkbox"/> P/W Checked	<input type="checkbox"/> Ins Okay		
	<input type="checkbox"/> Ins Exp		