

MARYBOROUGH EDUCATION CENTRE



Structured Workplace Learning (SWL)



Structured Workplace Learning

Document Checklist

Student Name: _____

Employer: _____

These documents must all be completed and returned to Jessi so that Mr Sutton can sign off on your Structured Workplace Learning BEFORE you commence your Structured Workplace Learning.

Document name	Who needs to sign?	Required for this SWL?	Signed & returned to MEC
Structured Workplace Learning Guidelines for Employers	N/A – given to Employer for information only	✓	
Fact sheet for employers: Child safe standards and workplace learning	N/A – given to Employer for information only	✓	
Structured Workplace Learning Arrangement Form	• Employer • Student • Parent/Guardian	✓	
Proof that relevant WHS/OHS unit of VET course completed?	N/A	✓ <i>If not VET, do Safe@Work</i>	
Safe@Work Certificate GENERAL Module <i>To be completed by student as per provided instructions</i>	• Principal or Delegate		
Safe@Work Certificate INDUSTRY: _____ Module <i>To be completed by student as per provided instructions</i>	• Principal or Delegate		
Additional Structured Workplace Learning Form (COVID-19)	• Student • Parent/Guardian	✓	
Structured Workplace Learning travel and accommodation form TRAVEL SECTION	• Employer • Student • Parent/Guardian		
Structured Workplace Learning travel and accommodation form ACCOMODATION SECTION	• Employer • Student • Parent/Guardian		

APPROVAL DATE: / /

Signed: _____

Structured Workplace Learning Coordinator

Structured Workplace Learning Arrangement Form

Education and Training Reform Act 2006 – Ministerial Order 55: Structured Workplace Learning Arrangements (Schools)

STUDENT DETAILS

Surname _____ First Name _____ Birth Date ____ / ____ / ____
 School Name and Address Maryborough Education Centre, 102-192 Balaclava Rd, Maryborough VIC
 _____ Postcode 3465 Telephone 03 5461 7900
 Structured Workplace Learning Coordinator Jessi Muston Student Year Level _____
 Student qualification: ☐ VCE Industry and Enterprise ☐ VCAL – Unit and code: _____
☐ VET – Certificate name and code: _____

IN CASE OF AN EMERGENCY, THE EMPLOYER SHOULD CONTACT THE STUDENT'S PARENT OR GUARDIAN AND THE STRUCTURED WORKPLACE LEARNING 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 Structured Workplace Learning Arrangements only and is not to be used for any other purpose. Health information will be provided if the Student has a medical condition or requires medication that may be relevant to their placement. This information must be kept confidential.

WORK PLACEMENT DETAILS

Employer (business) name _____ Tel. _____
 Business address _____ Postcode _____
 Employer email address _____
 Type of industry _____ Primary activity at workplace _____
 Student's work location address _____ Postcode _____
 Workplace contact person _____ Supervisor _____
 Activities the student will undertake (if insufficient space, attach separate sheet) _____
 Structured Workplace Learning hours _____ am / pm, to _____ am / pm; on ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
 from (commencement date) _____ to (completion date) _____ Total number of days _____
 Rate of payment \$ _____ per day (\$5.00 per day minimum)

EMPLOYER ACKNOWLEDGEMENT (Employer to sign)

I, _____ [name of individual, or on behalf of the Employer if Employer is an incorporated body] agree that:

- I understand occupational health and safety legislation and standards relevant to the conduct of my undertaking and will comply with these laws and standards with respect to the Student as if the Student were my employee.
- I will identify all hazards relevant to the conduct of my undertaking and will assess and control all related risks. If I have not controlled all related risks I will inform the school of this fact prior to the Structured Workplace Learning Arrangement commencing.
- I have read and understood the Department of Education and Training Structured Workplace Learning Guidelines for Employers. I will ensure that required planning, induction, supervision and safe systems of work are provided for the Student to maintain a safe and healthy Structured Workplace Learning Arrangement at all times.
- I will consider and take into account the competency, maturity and physical capabilities of the Student in relation to all activities he or she will undertake. The Student's program of activities will be planned and carried out with these considerations in mind.
- I will nominate a Supervisor (or Supervisors) of the Student who will be responsible for ensuring that my obligations as the Student's Employer are carried out.
- I will provide appropriate information, training, instruction and supervision to the Student in respect of occupational health and safety and will provide any equipment and/or clothing which is required to comply with my duty of care toward the Student.
- I will ensure that the Structured Workplace Learning is undertaken in a non-discriminatory and harassment free environment.
- I will permit access to the workplace and contact with the Student by the Principal or the Structured Workplace Learning Coordinator at any reasonable time during the Structured Workplace Learning Arrangement.
- I will ensure that the Structured Workplace Learning Arrangement is not used as a substitute for the employment of employees or the engagement of contractors and the payment of appropriate wages or fee for services to employees or contractors respectively.
- I will ensure that the maximum number of students in the workplace does not exceed one Student for every three employees.
- If I have sought to engage more than the permitted number of Structured Workplace Learning Students, I confirm that direct supervision will be provided for all Students.
- Where the Principal has disclosed any necessary health information in relation to the Student I confirm that I will maintain the confidentiality of that health information and only disclose this information to another party if treatment is required for a known medical condition or in the case of a medical emergency.
- I will notify the Structured Workplace Learning Coordinator as soon as is possible if the Student is absent, injured or becomes ill in the course of undertaking the Structured Workplace Learning.
- I will consult with the Principal if I consider it necessary to terminate the Arrangement before the specified time.
- I will advise the Principal if the industry to which this Arrangement relates includes potential exposure of the Student to scheduled carcinogenic substances and/or other hazardous substances as defined in the *Occupational Health and Safety Regulations 2007*.

I understand and accept the responsibilities set out above. Following the Principal's review of these details, I understand that he or she will determine whether or not the Student will undertake the Structured Workplace Learning Arrangement proposed here.

Signature _____ Date ____ / ____ / ____

STUDENT AGREEMENT

I, _____ agree to take part in this Structured Workplace Learning Arrangement and to:

- ☐ carry out all reasonable and lawful directions of the Employer and perform my work to the best of my ability;
- ☐ comply with all reasonable workplace rules and requirements governing safety and behaviour;
- ☐ attend at the workplace on each day at the agreed time;
- ☐ inform both the Employer and the Structured Workplace Learning Coordinator as soon as possible if I am unable to attend work;
- ☐ promptly inform the Employer of any accident, injury or incident that may occur;
- ☐ dress appropriately for the workplace;
- ☐ agree that no payment will be made to me if the placement is with a Commonwealth Department or a body established under a Commonwealth Act;
- ☐ give my consent to donating back payment where the placement is with an organisation engaged wholly or mainly in an educational, charitable or community welfare service not conducted for profit and where I have determined that the whole of my payment will be donated back to the organisation.

Students aged 18 years and over:

- ☐ I agree to inform the Employer of any necessary medical information, including details of any known medical condition which may affect me and any medication or treatment which may be relevant.
- ☐ I understand that I am responsible for my transport to and from the workplace.

I understand that the Principal will determine whether or not I will undertake Structured Workplace Learning. I acknowledge that prior to commencing the placement under this Arrangement, I will be undertaking occupational health and safety training that is part of my Accredited Course of Study (VET students), or I will complete the occupational health and safety program required by the Department of Education and Training (non-VET students).

Student's signature _____ Date / /

PARENT/GUARDIAN AGREEMENT AND CONSENT (Not required if the student is aged 18 years or over)

I, _____ consent to my child taking part in this Structured Workplace Learning Arrangement and I:

- ☐ agree that he or she will be subject to the direction and control of the Employer and nominated Supervisor(s);
- ☐ understand that all reasonable care for the health and safety of my child will be taken by the Employer and nominated Supervisor(s);
- ☐ expect my child to comply with all reasonable workplace rules and requirements governing safety and behaviour;
- ☐ understand that I am responsible for my child's transport to and from the workplace;
- ☐ agree that no payment will be made to my child if the placement is with a Commonwealth Department or a body established under a Commonwealth Act;
- ☐ give my consent to my child donating back payment where the placement is with an organisation engaged wholly or mainly in an educational, charitable or community welfare service not conducted for profit and where my child has determined that the whole of his or her payment will be donated back to the organisation;
- ☐ understand that I will be notified as soon as possible in the event of illness of or accident to my child, but where it is impracticable to communicate with me I authorise the person in charge at the workplace of the employer to consent to my child receiving such medical and surgical treatment (including the administration of an anaesthesia) as may be deemed necessary by a legally qualified medical practitioner, and administer such first-aid as is judged to be reasonably necessary;
- ☐ attach details of any known medical condition which may affect my child, and any medication or treatment which may be relevant;
- ☐ give my consent to the release of any necessary health information in relation to my child by the Principal to the Employer, for which the Principal is aware of and may disclose pursuant to the *Health Records Act 2001* (Vic).

I understand that the Principal will determine whether or not my child will undertake Structured Workplace Learning.

Signature _____ ☐ Parent or ☐ Guardian Date / /

WORKSAFE INSURANCE AND PUBLIC LIABILITY INSURANCE

The Student is covered for WorkSafe Insurance by the Department of Education and Training (State of Victoria). The Student is covered by public liability insurance in accordance with Ministerial Order 55 – Structured Workplace Learning Arrangements, for the arrangement taken out by the party indicated below (Principal to tick the appropriate box):

- ☒ Department of Education and Training ☐ Non-Government school ☐ Employer

NOTE: PUBLIC LIABILITY INSURANCE

Public liability insurance of at least \$10 million cover per event must be held or taken out, prior to the Student commencing Structured Workplace Learning under the Arrangement:

- i. when an Arrangement is entered into by a Principal of a Government School in respect of a Government School student, by the Department of Education and Training with the insured being the Student and the Employer.
- ii. when an Arrangement is entered into by a Principal of a Non-Government School in respect of a Non-Government School student – either:
 - a. by that School, with the insured being the School and the Student; or
 - b. by the Employer, with the insured being the Employer and the Student, if the Principal of that School has advised the Employer at least four (4) weeks prior to the Student commencing Structured Workplace Learning that the School does not have public liability insurance as set out above.

PRINCIPAL CONSENT

I, David Sutton Principal of Maryborough Education Centre

enter into an Arrangement for the above named Student of this school to be engaged for the purpose of Structured Workplace Learning by the Employer named above in accordance with the provisions of the *Education and Training Reform Act 2006* and Ministerial Order 55 – Structured Workplace Learning Arrangements, and on the basis of the information provided above and the employer's acknowledgements. I confirm that I have informed the Employer as to whether this school holds public liability insurance. I will ensure that the above mentioned student is undertaking occupational health and safety training that is part of their Accredited Course of Study, or has completed the occupational health and safety program as required by the Department of Education and Training prior to commencing the placement under this Arrangement.

Principal's signature _____ Date / /

Students must complete **2 x safe@work** modules prior to their Work Experience.

The **GENERAL** module, and the **RELEVANT INDUSTRY MODULE**

www.education.vic.gov.au/school/students/beyond/Pages/swguide.aspx

Please save or print your certificates and hand a copy to Jessi in the Careers Centre

Example certificate:



Award of Attainment

Jessi Muston

from

Maryborough Education Centre

Has successfully completed

General

Principal

OR

OFFICIAL SCHOOL STAMP

(With the authority of and on behalf of the Principal)

17/2/2020 10:08:12 PM

Occupational Health and Safety program developed by the
Victorian Department of Education and Training for the purposes of Work Experience

**Two of these
certificates
need to be
handed in!**

INSTRUCTIONS TO OBTAIN THESE SAFE@WORK CERTIFICATES:

The screenshot shows the safe@work website. At the top left is the Victoria State Government logo and 'Education and Training'. A search bar is at the top right. The main heading is 'safe@work'. Below it is a welcome message for school students. A yellow box with the text 'Information on work safety can be found here' has arrows pointing to the 'safe@work' link in the sidebar and the 'safe@work Self assessment tests' link. The sidebar lists: 'safe@work General module', 'safe@work Industry modules', 'safe@work Review module', 'Workplace hazards fact sheets', 'safe@work Self assessment tests', and 'safe@work Workbooks and activities'.

Home

safe@work

Welcome to safe@work, health and safety for school students who are starting work experience.

This information will help you:

- improve your knowledge of occupational health and safety before you go to a work place
- understand hazards and laws
- with practical solutions to common health and safety problems
- understand your responsibilities and the responsibilities of your employer.

This section:
↑ [safe@work](#)

- safe@work General module
- safe@work Industry modules
- safe@work Review module
- Workplace hazards fact sheets
- safe@work Self assessment tests
- safe@work Workbooks and activities

then scroll down to here, fill in the fields, and click 'Begin Test' (it defaults to the General module):

Begin the test

First Name :

Last Name :

School Or Training Organisation :

Assessment Module:

Begin the test

First Name :

Last Name :

School Or Training Organisation :

Assessment Module:

ONCE YOU PASS, either print or download and email or send via Teams your certificate to Jessi Muston in Careers

then click the dropdown to find your industry to complete your second module:

Instructions for Award of Attainment

If using Internet Explorer

- Scroll across using the mouse to the 'Award of Attainment' button.
- A. Print by clicking the 'Print' button.
- B. Select 'Acrobat' from the 'Format' dropdown menu.

The downloaded file can be opened by clicking the 'Open' button.

If using Google Chrome

- Select 'Acrobat' from the 'Format' dropdown menu.

The downloaded file can be opened by clicking the 'Open' button.

Begin the test

First Name :

Last Name :

School Or Training Organisation :

Assessment Module:

AGAIN, ONCE YOU PASS, either print or download and email or send via Teams your certificate to Jessi Muston in Careers

safe@work

Award of Attainment

Test Test

from

Maryborough Education Centre

Has successfully completed

General

ADDITIONAL STRUCTURED WORKPLACE LEARNING FORM (COVID-19)

The arrangements set out in this form are in addition to those described and agreed to in the Structured Workplace Learning Arrangement Form

This document has been developed to record the agreement of a student undertaking Structured Workplace Learning and their parent/guardian (if the student is under 18 years of age) to the ongoing participation of the student in the changed work environment on account of COVID-19.

Employers are required to implement actions that are consistent with advice from Victoria's Chief Health Officer to reduce the risk of transmission of coronavirus (COVID-19). This requirement has been included in the updated [Structured Workplace Learning Guidelines for Employers](#).

Student Agreement

I, _____ understand that as a result of COVID-19, additional arrangements will need to be put in place to support me to participate in the workplace safely. I agree to comply with any additional or altered workplace rules and requirements governing safety as part of my Structured Workplace Learning Arrangement, and I will not attend the workplace if I am unwell.

Student name:

Signature:

Date:

Parent/Guardian Consent

I, _____ understand that, as a result of COVID-19:

- additional arrangements will need to be put in place to support my child in the workplace;
- my child will need to comply with any additional or altered workplace rules and requirements governing safety as part of their Structured Workplace Learning; and
- my child is not to attend the workplace if they are unwell.

Parent/Guardian name:

Signature:

Date:

Structured Workplace Learning Travel and Accommodation Form

Education and Training Reform Act 2006 – Ministerial Order 55: Structured Workplace Learning Arrangements (Schools)

STUDENT DETAILS

Surname _____ First Name _____ Birth Date ____ / ____ / ____
 School Name and Address Maryborough Education Centre, 102-192 Balaclava Rd, Maryborough VIC
 _____ Postcode 3465 Telephone 03 5461 7900
 Structured Workplace Learning Coordinator Jessi Muston Student Year Level _____

IN CASE OF AN EMERGENCY, THE EMPLOYER SHOULD CONTACT THE STUDENT'S PARENT OR GUARDIAN AND THE STRUCTURED WORKPLACE LEARNING 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 Structured Workplace Learning 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 _____
 Structured Workplace Learning hours _____ am / pm, to _____ am / pm; on ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
 from (commencement date) _____ to (completion date) _____ 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 (only required if the 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 (only required 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 (only required 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 (only required 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 / /