## MARYBOROUGH EDUCATION CENTRE



## Structured Workplace Learning (SWL)



# Structured Workplace Learning Document Checklist

ployer:se documents must all be completed and returned to Jessi so that Mr Sutton can sign off on your Structurkplace Learning BEFORE you commence your Structured Workplace Learning.			
Document name	Who needs to sign?	Required for this SWL?	Signed returne 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	<ul><li>Employer</li><li>Student</li><li>Parent/Guardian</li></ul>	✓	
Proof that relevant WHS/OHS unit of VET course completed?	N/A	✓ If not VET, do Safe@Work	
Safe@Work Certificate <b>GENERAL Module</b> To be completed by student as per provided instructions	· Principal or Delegate		
Safe@Work Certificate INDUSTRY: Module To be completed by student as per provided instructions	· Principal or Delegate		
Additional Structured Workplace Learning Form (COVID-19)	· Student · Parent/Guardian	<b>√</b>	
Structured Workplace Learning travel and accommodation form  **TRAVEL SECTION**	<ul><li>Employer</li><li>Student</li><li>Parent/Guardian</li></ul>		
Structured Workplace Learning travel and accommodation form  ACCOMODATION SECTION	<ul><li>Employer</li><li>Student</li><li>Parent/Guardian</li></ul>		

Structured Workplace Learning Coordinator

Signed:



### Structured Workplace Learning Arrangement Form

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

STUDENT DETAILS	ict 2006 – Ministeriai Order 5	5: Structured Workplace Learn	ing Arrangements (Schools)
Surname	First Nar	me	Birth Date / /
School Name and Address Maryborough Educa			
		Telephone <u>03 5461 79</u>	00
Structured Workplace Learning Coordinator Je			
Student qualification:  VCE Industry and Enterpris	se 🖵 VCAL – Unit and code:		
☐ VET – Certificate name and	d code:		
IN CASE OF AN EMERGENCY, THE EMPLOY WORKPLACE LEARNING COORDINATOR:	ER SHOULD CONTACT TH	IE STUDENT'S PARENT OR (	GUARDIAN AND THE STRUCTURED
Name (Parent/Guardian)			
Address			Postcode
Tel. (Home)	(Work)	(Mobile)	
Emergency contact (Name and Tel.)			
only and is not to be used for any other pur medication that may be relevant to their place			nt has a medical condition or requires
WORK PLACEMENT DETAILS			
Employer (business) name			
Business address			Postcode
Employer email address		<del> </del>	
Type of industry			
Student's work location address			Postcode
Workplace contact person			
Activities the student will undertake (if insufficie	nt space, attach separate she	eet)	
Structured Workplace Learning hours	am / pm, to	am / pm; on 🗆 Monday 🗅 Tuesda	ay □ Wednesday □ Thursday □ Friday
from (commencement date)			
Rate of payment \$ per day (\$	\$5.00 per day minimum)		
<b>EMPLOYER ACKNOWLEDGEMENT (Em</b>	ployer to sign)		
I,[name of	f individual, or on behalf of th	e Employer if Employer is an ir	corporated body] agree that:
<ol> <li>I understand occupational health and safety and standards with respect to the Student a</li> <li>I will identify all hazards relevant to the con risks I will inform the school of this fact prior</li> <li>I have read and understood the Department</li> </ol>	y legislation and standards re s if the Student were my emp duct of my undertaking and to the Structured Workplace	elevant to the conduct of my ur ployee. will assess and control all relat Learning Arrangement comme	ndertaking and will comply with these laws ed risks. If I have not controlled all related encing.

- 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.
- 4. 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.
- 6. 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.
- 7. I will ensure that the Structured Workplace Learning is undertaken in a non-discriminatory and harassment free environment.
- 8. 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.
- 9. 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.
- 10. I will ensure that the maximum number of students in the workplace does not exceed one Student for every three employees.
- 11. 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.
- 12. 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.
- 13. 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.
- 14. I will consult with the Principal if I consider it necessary to terminate the Arrangement before the specified time.
- 15. 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 / /
Signature	Date / /

STUDENT AGREEMENT
I, agree to take part in this Structured Workplace Learning Arrangement and to:
acrry 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 <i>Health Records Act 2001</i> (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 <i>Education and Training Reform Act 2006</i> 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 / /

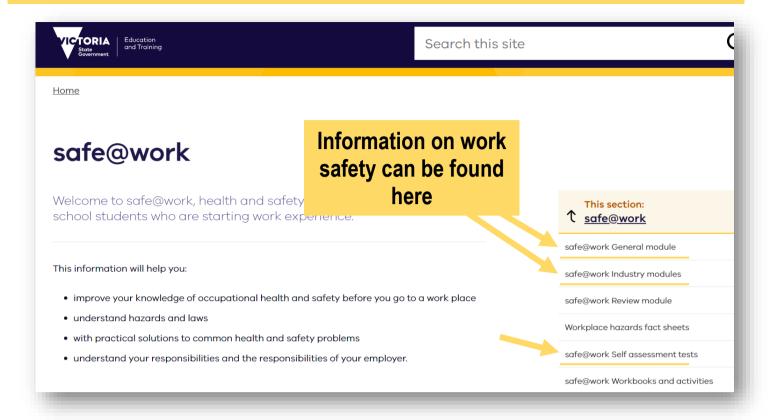
# Students must complete **2 X Safe@work** modules prior to their Work Experience. The **GENERAL** module, and the **RELEVANT INDUSTRY MODULE www.education.vic.gov.au/school/students/beyond/Pages/swguide.aspx**

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

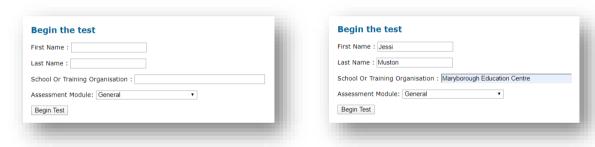
#### **Example certificate:**

	Award of Attainment
	Two of these certificates need to be handed in!  Jessi Muston  from
Mai	ryborough Education Centre
ŀ	Has successfully completed
	General
Principal	_
OR	OFFICIAL SCHOOL STAMP
(With the authority of and on be	– half of the Principal)
17/2/2020 10:08:12 PM	
Occupational Health and Safety Victorian Department of Educati	program developed by the ion and Training for the purposes of Work Experience

#### **INSTRUCTIONS TO OBTAIN THESE SAFE@WORK CERTIFICATES:**

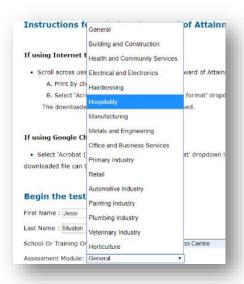


then scroll down to here, fill in the fields, and click 'Begin Test' (it defaults to the General module):



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

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



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





## 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 <a href="Structured Workplace Learning Guidelines for Employers">Structured Workplace Learning Guidelines for Employers</a>.

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, unders	tand that, as a result of COVID-19:		
- additional arrangements will need to be put in place to support my child in the workplace;			
<ul> <li>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</li> </ul>			
- 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 Na	me	Birth Date / /
School Name and Address Maryborough	Education Centre, 102-192 Bala	aclava Rd, Maryborough VIC	
3	Postcode 3465	Telephone 03 5461	7900
Structured Workplace Learning Coordinate	or Jessi Muston	Studer	nt Year Level
IN CASE OF AN EMERGENCY, THE EM WORKPLACE LEARNING COORDINAT	PLOYER SHOULD CONTACT TH OR:	IE STUDENT'S PARENT OR	
Name (Parent/Guardian)			
Address Tel. (Home)			Postcode
Tel. (Home)  Emergency contact (Name and Tel.)	. ,	, , ,	
PRIVACY INFORMATION: The informat only and is not to be used for any other			tured Workplace Learning Arrangements
WORK PLACEMENT DETAILS			
Employer (business) name		Tel.	
Business address			
Employer email address			
			Postcode
Workplace contact person		Supervisor	
Structured Workplace Learning hours			
from (commencement date)	to (comp	etion date)	Total number of days
TRAVEL WITH EMPLOYER			
<ul> <li>the student is required to undertake trav</li> <li>the driver has a current and valid Aust</li> <li>the driver is not disqualified or suspendent the driver is not subject to any other in</li> <li>the vehicle in which the Student is to be</li> <li>to the best of my knowledge the vehicle work-related purposes to which it will be</li> </ul>	el: ralian driver's licence relevant to the ded from driving; spediments to his/her ability to driving transported is comprehensively to the in which the Student is to be transported.	ne vehicle the driver uses; re a motor or other vehicle (as insured; and	
Signature			Date / /
PARENT/GUARDIAN CONSENT (only req			f this Arrangement.
Signature		□ Parent or □ Guardian	Date / /
STUDENT CONSENT (only required if age			
I,consent to undertaking vehicle travel with		upervisor/s as part of this Arra	angement.
Signature			Date / /

#### ACCOMMODATION ARRANGEMENTS

Signature \_

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?		
<ul> <li>□ Parent/guardian</li> <li>□ Other family member/s (e.g. grandparent, older</li> <li>□ Friends of the family</li> </ul>	sibling) – please specify	
Employer		
Name of person responsible for supervising studen	t at accommodation	
Accommodation address		
Telephone: Business Hours	After hours	Length of stay
Travel arrangements to and from the workplace		
<ul> <li>consent to my child staying at accommodation of confirm that the accommodation arrangements</li> <li>understand that I am responsible for the control any other person.</li> </ul>	as outlined above are suitable; and	ce for the purposes of this Arrangement; are not under the care and control of the Employer, or
Signature	Parent or 🗖 Gu	uardian Date / /
STUDENT CONSENT (only required if aged 18 year	rs or over)	
I,	,	
• consent to staying at accommodation other than	n my normal place of residence for the purpos	ses of this Arrangement;
• confirm that the accommodation arrangements	as outlined above are suitable; and	
<ul> <li>understand that I am responsible for my control person.</li> </ul>	and care at all times while I am not under the	e care and control of the Employer, or any other

\_\_\_\_\_ Date