

MARYBOROUGH EDUCATION CENTRE



Work Experience Handbook



Work Experience Document Checklist

Student Name: _____

Employer: _____

These documents must all be completed and returned to Jessi so that Mr Sutton can sign off on your work experience BEFORE you commence your Work Experience.

Document name	Who needs to sign?	Required for this W.E.?	Signed & returned to MEC
Work experience 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	✓	
Work experience arrangement form	• Employer • Student • Parent/Guardian	✓	
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 work experience form (COVID-19)	• Student • Parent/Guardian	✓	
Work experience travel and accommodation form TRAVEL SECTION	• Employer • Student • Parent/Guardian		
Work experience travel and accommodation form ACCOMODATION SECTION	• Employer • Student • Parent/Guardian		
Proposed work experience with animals — Summary of student's experience <i>Student to complete before getting signed off</i>	• Parent/Guardian • Work Experience Coordinator		

APPROVAL DATE: / /

Signed: _____

Work Experience Coordinator

Work Experience Arrangement Form

Education and Training Reform Act 2006 – Ministerial Order 382: Work Experience 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
 Work Experience Coordinator Jessi Muston (03 5461 7980) Student Year Level _____

IN CASE OF AN EMERGENCY, THE EMPLOYER SHOULD CONTACT THE STUDENT'S PARENT OR GUARDIAN AND THE WORK EXPERIENCE 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 Work Experience 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) _____
 Work Experience 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 Work Experience Arrangement commencing.
 - I have read and understood the Department of Education and Training Work Experience 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 Work Experience 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 Work Experience 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 Work Experience Coordinator at any reasonable time during the Work Experience Arrangement.
 - I will ensure that the Work Experience 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 Work Experience 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 Work Experience Coordinator as soon as is possible if the Student is absent, injured or becomes ill in the course of undertaking the Work Experience.
 - 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*.

If the Student is a Child (under 15 years of age): ☐

- I confirm that I have obtained a Child Employment Permit and that any Supervisor has a current Assessment Notice and provide certified copies of these to the Principal.
- I will advise the Principal immediately if there is a relevant change in circumstances with respect to a Supervisor as specified in section 20(2) of the *Working With Children Act 2005* (Vic) including, if the Supervisor is charged with, convicted of or found guilty of a relevant offence, becomes subject to reporting obligations, an extended supervision order, supervision order, detention order or if a relevant finding is made against the Supervisor.
- I will notify the Principal immediately if a Supervisor is issued with an interim negative notice or a negative notice within the meaning of section 3 of the *Working with Children Act 2005*.

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 Work Experience Arrangement proposed here.

Signature _____ Date ____ / ____ / ____

STUDENT AGREEMENT

I, _____ agree to take part in this Work Experience 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 Work Experience 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 Work Experience. I acknowledge that prior to commencing the placement under this Arrangement I will complete the occupational health and safety program required by the Department of Education and Training.

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 Work Experience 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 Work Experience.

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 382 – Work Experience 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 Work Experience 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 work experience 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 Work Experience by the Employer named above in accordance with the provisions of the *Education and Training Reform Act 2006* and Ministerial Order 382 – Work Experience 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 will complete 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



Education
and Training

**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 General **of Attainment**

If using Internet Explorer

- Scroll across using the mouse to select the industry you want to complete your test.
- A. Print by clicking the printer icon.
- B. Select 'Acrobat' from the 'Format' dropdown menu.

The downloaded file can be opened by clicking the PDF icon.

If using Google Chrome

- Select 'Acrobat' from the 'Format' dropdown menu.
- The downloaded file can be opened by clicking the PDF icon.

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 WORK EXPERIENCE FORM (COVID-19)

The arrangements set out in this form are in addition to those described and agreed to in the Work Experience Arrangement Form

This document has been developed to record the agreement of a student undertaking work experience 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 [Work Experience 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 Work Experience 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 Work Experience; and
- my child is not to attend the workplace if they are unwell.

Parent/Guardian name:

Signature:

Date:

Work Experience Travel and Accommodation Form

Education and Training Reform Act 2006 – Ministerial Order 382: Work Experience 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
 Work Experience Coordinator Jessi Muston Student Year Level _____

IN CASE OF AN EMERGENCY, THE EMPLOYER SHOULD CONTACT THE STUDENT'S PARENT OR GUARDIAN AND THE WORK EXPERIENCE 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 Work Experience 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 _____
 Work Experience 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 (if 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 (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 (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 (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 / /

Proposed Work Experience with Animals Summary of Student's Experience

This form should be completed by the student, signed by their parent or guardian and provided to the school's Work Experience Coordinator to enable them to make an informed decision about their suitability for work experience with animals. If satisfied, the Work Experience Coordinator will forward this form to the employer, who will make the final decision about accepting the student for work experience.

Before filling out this form, students should read the *Workplace Hazards Fact Sheet – Working with Animals* to help them appreciate some of the hazards and understand some of the conditions that will apply to their work experience. This fact sheet can be accessed at <http://www.education.vic.gov.au/school/students/beyond/Pages/workplacehazardfact.aspx>

It's important that students understand that their contact with animals will be restricted to activities that do not present unacceptable risk. **Their safety is the employer's most important consideration.**

STUDENT INFORMATION

Name: _____ Date of birth: _____

Address: _____

Postcode: _____

Parent or guardian name: _____ Contact number: _____

School name: Maryborough Education Centre

Work Experience Coordinator: Jessi Muston Contact number: 03 5461 7980

PREVIOUS EXPERIENCE WITH ANIMALS

How would you describe your capabilities with animals? (For example: Have you ever received instruction in approaching and/or handling animals (large or small), or in 'reading' animal behaviour?)

What animals have you had at home, and what were your responsibilities in looking after them? (Note: If you have birds at home there may be workplaces – e.g. poultry farms – you will not be able to attend)

Have you had previous employment experience, such as a part-time, weekend or holiday job involving animals? (If yes, please provide details)

Have you ever been injured by an animal? (If yes, what caused the incident and how did you react? What would you do to prevent such an incident from happening again?)

Are there any animals in whose presence you don't feel comfortable or confident?

Do you have allergies to any animals (e.g. fur, saliva) or feed (e.g. peanuts, wheat, grasses, hay, etc.)?

Is there any other information you think could be relevant in assessing your suitability?

PARENT/GUARDIAN ACKNOWLEDGEMENT

The information provided here is accurate to the best of my knowledge. I have read the *Guidelines for Students Undertaking Work Experience with Animals* and the *Workplace Hazards Fact Sheet – Working with Animals*, and I am aware that work experience in an environment where animals are present may involve exposure to risk arising from the unpredictable nature of animal behaviour.

Signed: _____ Date: _____

REVIEWED BY WORK EXPERIENCE COORDINATOR

Signed: _____ Date: _____