

4. WORK EXPERIENCE - HOST EMPLOYER CONSENT AND RISK ASSESSMENT FORM

Please complete and return this form together with *5. Work Experience Host Employer Acknowledgment Form*.

I/We agree to offer the work experience program outlined below:

Name of student: _____ Parent phone: _____

Date/s of work experience program: From: _____ To: _____

Name of employer: _____

Work experience position: _____

Address of employer: _____

Contact person at employer: _____

Phone: _____ Email: _____

Person who will be supervising student: _____

Phone: _____ Email: _____

Type of industry: _____

Main activity: _____

Approx. no. of years in operation: _____

Approx. no. of employees at work site: _____

Type of organisation (e.g. Government, Private Enterprise, Self Employed, Other) _____

Have you hosted work experience students before? _____

Working hours: Start: _____ Finish: _____ Lunch: _____

Total number of days: _____ Total number of hours: _____

Shift details and location: _____

PROGRAM OF ACTIVITIES - TASKS STUDENT IS LIKELY TO PERFORM:

(Try to be specific) **Example:** *Shadow an architect; attend meetings/ site visits; student assignment involving CAD; use printers.*

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SPECIAL REQUIREMENTS (CLOTHING, FOOTWEAR ETC):

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Please tick if these are available to the student:

- | | | | |
|-------------------|---|---|---|
| Essential: | <input type="checkbox"/> First aid facilities | <input type="checkbox"/> Suitable toilet facilities | <input type="checkbox"/> Drinking water |
| Other: | <input type="checkbox"/> Lunch room | <input type="checkbox"/> Staff canteen | <input type="checkbox"/> Lockers |

ANY OTHER COMMENTS:

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Host employer/workplace supervisor to complete the following declaration:

- I have read *8. Work Experience Learning Guide for Host Employers* and am aware of the host employer's rights and responsibilities outlined in it and the need to provide a safe and positive environment for the student, free from harassment and discrimination.
- I have read and understood the special responsibilities associated with working with children and young people as detailed in the section related to child protection on **page 5** of *8. Work Experience Learning Guide for Host Employers*. I understand students must report incidents to their school.
- I am not aware of anything in the background of any staff member or other person who will have close contact with the student that would preclude that staff member or person from working with children.**
- I will provide planned learning and skill development activities appropriate for the student under the supervision of myself or a capable and trustworthy employee briefed for the task.
- I confirm that the activities assigned are suitable for the student and that WHS risks have been assessed and managed in accordance with the requirements of the *Work Health and Safety Act 2011 (NSW)* and list of *Activities that are Prohibited or Need Special Consideration List* (Appendix 1 of *8. Work Experience Learning Guide for Host Employers*)
- I will check any health care concerns with the student and ensure they and their supervisor knows what to do in the case of a medical event i.e. where the student will keep their medication, e.g. an adrenaline auto-injector-EpiPen.
- I will consult and cooperate with the school and will notify the school immediately of any health and safety incidents involving a student while on placement, including near misses, to enable Allegra School Coffs Harbour to fulfil its WHS obligations.
- I will see that the student is first provided with a site-specific workplace induction and then with the appropriate information, instruction, training, supervision (and personal protective equipment where needed) throughout the placement.
- I acknowledge that the student will not be paid in relation to the placement.
- I will notify the school if the student is ill, injured, absent without explanation or behaving inappropriately.
- I will notify the school immediately if I need to change sites, redirect students to another location or find asbestos on the site.
- 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 students are not asked to carry out any of these activities.

Signature of host employer/workplace supervisor

Date

Print name

Position

Version	Approved By	Approval Date	Date of Effect	Sections Modified/notes
Original	Principal	06/02/2020	06/02/2020	Utilises AIS NSW Format along with NSW DET Public Schools
Version 1	Principal	05/06/2020	05/06/2020	Changes to format and other minor changes
Version 2	Principal	28/04/2022	28/04/2022	Header/footers changed to New logo & minor formatting

Host Employer Student Risk Management Plan

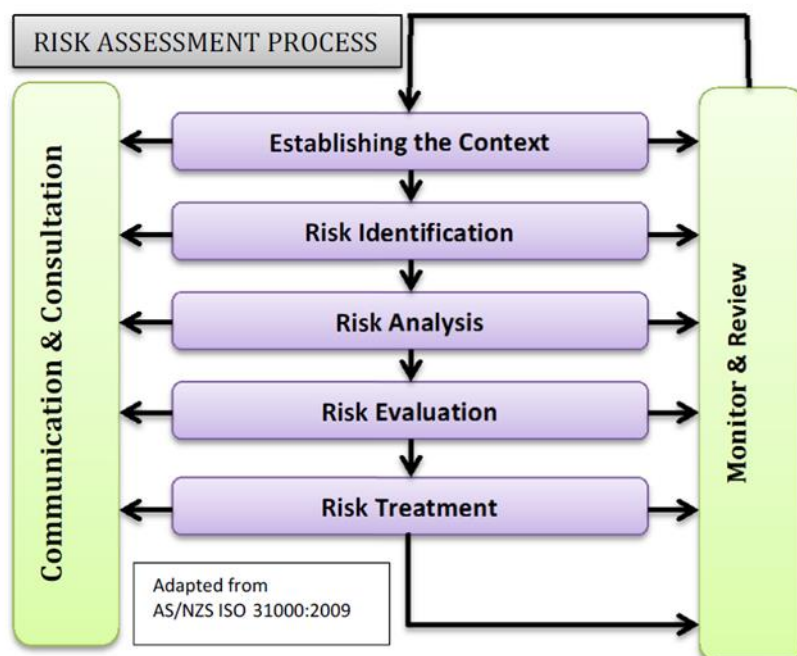
An assessment of risk that a student may face in your workplace and how the risks will be managed - either through elimination or mitigation, will assist you in minimising the risk of harm to students and your ability to comply with legislation.

In assessing risk, please consider the likelihood and severity of injury and how you can eliminate or mitigate this risk through your induction and supervision processes. This will help you meet your responsibilities under the Work Health and Safety Legislation.

We ask that you carefully consider the risks that a student may face in your organisation while doing their work and that you ensure that our school has enough information to know what is planned for our student’s work experience.

We will look at this Risk Management Plan along with your Program of Activities outlined in the *4.Host Employer Consent and Risk Assessment Form*. This will help us to assess the suitability of this workplace learning opportunity and our duty of care.

We understand that you may need to change activities and ask that you contact the school if these changes are significant or involve risk.



Risk Assessment Plan

Student Name: _____			
Employer's name: _____		Signature _____	Date / /
Parent or caregiver's name: _____		Signature _____	Date / /
Principal's name: ERIN CACEDA		Signature _____	Approval Date / /
<ul style="list-style-type: none"> List all activities the student is likely to carry out. Identify a proposed risk control. Indicate any risks to the student in the planned activities. Please try to be specific and add rows if necessary. (Example 1: Manual handling, repetitive activities, exposure to sun, chemicals, fumes, use of particular tools or equipment. Example 2: Shadow an architect; attend meetings/ site visits; student assignment involving CAD; use printers. 			
Activities the student is likely to carry out while on work experience	Hazards and potential risks associated with the activity	Proposed action to control risks (note the most effective risk controls first)	Training, instruction and/or supervision required for this activity
e.g. Customer Service	e.g. Covid-19 Transmission	e.g. Physical distancing e.g. 1.5 m Hygiene Measures – Infection Control PPE – masks, gloves etc.	e.g. follow NSW Health Guidelines

Note: Tailored version of our School Risk Management Framework to recognise context, adopted from the Department of Education and Early Childhood Development State Government of Victoria and NSW DET Public Schools accessed 7 November 2018

FOR OFFICE USE ONLY: Once signed by all parties and work experience program has been approved, provide copies to student, employer, parent/caregiver and keep original on file.