



An Australian Government Initiative
 BREED Community Partnership
 P.O. Box 147
 QUAKERS HILL NSW 2763

BREED Community Partnership



Ph: 9853 3247
 Fax: 9853 3246



CONNECT TO
 YOUR FUTURE
Career Advice Australia

Host Employer Sign Up

Name of organisation or trading name: _____

Contact Person: _____ Position: _____

Telephone: _____ Fax: _____ Mobile: _____

(Name of the experienced employee who will provide on-going supervision of the student)

Supervisor's name: _____ Position: _____ Phone: _____

Email for notification of student and monthly newsletter: _____

Website: _____

Address: _____ Postcode: _____

Postal Address: _____ Postcode: _____

Location of Placement (if different from above address) _____

General Dress Requirements: _____

Attendance: Students starting time: _____ Students finishing time: _____

Students Lunch break: _____ Estimated total hours: _____

Days of week: Monday to Friday or Tuesday to SaturdaySplit shiftY/N _____

Activities/ duties to be undertaken by student: _____

Student Requirements: _____

Potential risks-Indicate any risks to the student in the planned activities eg manual handling; repetitive activities such as keyboarding; exposure to sun, chemicals, fumes; use of particular tools or equipment:

How will those risks be eliminated or controlled? _____

Circle I feel confident about:

* what tasks in my workplace are suitable for students and what tasks are unsuitable **Yes / No**

* providing the induction to students including relevant health and safety matters, emergency procedures and a tour of relevant work areas. (An Employer's Guide provides guidance) **Yes / No**

BREED Community Partnership

Host Employer Details cont.

Any activities or tasks the student is not to undertake eg. No-go areas, machinery or equipment that is too dangerous for new or young workers to operate: _____

Special conditions eg. clothing, footwear, equipment, pre-training, transport, multiple sites, routine car travel, individual student needs: _____

Circle if these are available to the student:

* first aid facilities * suitable toilet facilities * lunch room * staff canteen * lockers * _____

Overview:

1. Type of Industry _____ Main Activity: _____

2. Public/Government enterprise Private enterprise Self-employed Other _____

3. Approx no. of years in current operation: _____ Approx. no. of employees at proposed worksite _____

4. I have hosted school students for work experience or work placement in the last 12 months **Yes / No**

Circle I feel confident about:

Tick this box if you wish the student's school/ TAFE NSW College/campus to contact you prior to the placements eg. to provide you with information about the student such as their experience, skill level or for you to discuss aspects of the student's safety in the workplace.

Host employer/workplace supervisor to note and sign and date below:-

- I have read An Employer's Guide to Workplace Learning and am aware of the 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 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 the OHS risks have been assessed and managed in conformity with the NSW OHS Act 2000.
- 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 protective equipment if needed) throughout the placement.
- I acknowledge that the student will not be paid in relation to the placement
- I will notify the school/ TAFE NSW College/campus if the student is ill, injured, absent without explanation or behaving inappropriately,
- I am aware of the special responsibilities associated with working with children and young people as detailed in the section related to child protection in *An Employer's Guide to Workplace Learning*
- 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 have informed employees of their responsibilities when working with children and young people.
- I am aware of the contents of the Privacy Notice (Page 3)

Signature of host employer or workplace supervisor

Date

Print Name

Title

Host Organisation



An Australian Government Initiative

BREED Community Partnership



CONNECT TO
YOUR FUTURE
Career Advice Australia

PRIVACY NOTICE - for all parties

BREED Community Partnership
P.O. Box 147 QUAKERS HILL NSW 2763
Ph: 9853 3247 Fax: 9853 3246

The information provided by students, parents/ caregivers and employers is obtained for the purpose of co-ordinating the workplace learning for a school student. It will be used by the BREED Community Partnership to meet the duty of care and child protection responsibilities of this organisation and to support the information needs of the students, employer, and the parent/ caregiver and to provide feedback on course curriculum suitability and program achievements. Provision of this information is voluntary.

The information will be stored securely and kept until the student reaches the age of 21 years old, or for 3 years after the placement has been completed, whichever it is longer.

The information will only be disclosed for the purpose directly related to the purpose for which it is collected.

If you do not provide all or any of this information then the student may not be able to undertake the planned workplace learning.

You may correct any personal information provided at any time by contact the careers advisor or VET teacher at the students school

11/06