

June 21, 2021

Dear Parent/Guardian,

Re: YEAR 10 WORK EXPERIENCE

In Year 10, students will undertake a work experience program as part of their Humanities class. It is an expectation that all Year 10 students participate in this 5-day program. Whether your child undertakes work experience in Semester 1 or 2 is dependent on their Humanities class, which are listed below.

Semester 2 – 10HUMA, 10HUMD, 10HUMDE – Monday 19th July – Friday 23rd July 2021

Work experience is a one-week placement where students will be placed with employers to provide insights into the industry and the workplace in which they are located. It provides students with a valuable opportunity to develop employability skills, explore possible career options, understand employer expectations and increase their self-understanding, maturity, independence and self-confidence.

Students are placed with employers primarily to observe and learn – not to undertake activities which require extensive training or expertise.

Students are required to source their own work experience placement. This, provides students with a great opportunity to develop their communication skills, initiative and 'real world' experiences. Should students have any issues or difficulties in gaining a work experience placement they can be supported through this by teachers and Careers staff. Once students have found a placement, the documentation process can start. Teachers and Careers staff will step students through this process.

Please discuss work experience placement with your child encouraging them to 'have a go' at calling and speaking with employers. Please find in this information pack a letter titled 'Work Experience Placement Student Support Sheet'. A copy will also be given to students to work through with their humanities teachers if extra support is needed.

Should you have any questions regarding this matter, please contact the Careers staff on 5127 9200

Regards



Lauren Gibson
Careers Administration



Adam Hogan
Principal



WORK EXPERIENCE PLACEMENT STUDENT SUPPORT SHEET

MAKING CONTACT WITH AND VISITING THE WORKPLACE

CONTACTING POTENTIAL EMPLOYERS

Once you have decided on the type of work experience you are interested in and have completed your list of choices you are ready to contact potential employers. It is a good idea to think about how you will contact employers and what you will say to them before making contact.

METHODS OF CONTACTING EMPLOYERS:

Cold calling, a phone call or through friends or family contacts.

PRACTICE WHAT YOU ARE GOING TO SAY BEFORE YOU CONTACT A POTENTIAL EMPLOYER

(Make sure you have a pen and paper next to the phone)

1. Ask to speak to the owner or manager of the place of employment contacted. Introduce yourself.

"My name is

I am a Year 10 student at Lowanna College."

2. Explain the purpose of the telephone call or workplace visit.

"As part of my Year 10 Humanities Work Education, I am required to do work experience placement for 5 days from Monday July 19th to Friday July 23rd, 2021.

3. Explain why you would like work placement with this employer

"I am interested in..... because..... and I hope that you will consider having me as a work experience student."

4. Response from employer

If the response to your request is positive, your potential employer will probably have some questions about the work experience arrangements.

If the employer is not interested or cannot offer you a work placement, politely thank them for their time (Steps 5 to 7 are not required)."

5. Provide details about what the school requires for work experience

"I am required to do 5 days of work experience from Monday 19th July- Friday 23rd July." Advise that this week you will have no timetabled classes, school will cover your workplace insurance and that payment is \$5.00 per day unless a not for profit organisation.

6. While speaking to the employer organise to meet them

Ask if you can visit the workplace to meet the owner or manager. Find out what time after school hours is suitable. Advise them you will have paperwork for them to sign.

7. Thank the employer

Thank the employer for considering you and say that you are looking forward to meeting them if you have made telephone contact.

OR

Thank the employer for their time and say that you are looking forward to hearing from them if you have visited them.

WORK EXPERIENCE DEPARTMENT OF EDUCATION

FOR VICTORIAN SECONDARY
SCHOOLS

Year 10 Work Experience prohibited industries list

Abattoirs

Any business where firearms and/or ammunition are manufactured, repaired or sold

Aviation

Butchers or fishmongers

Civil construction (such as roads and bridges)

Defence Force

Emergency Services

Equine industry

Fishing vessels

Funeral homes

Gaming

Mining, quarrying, extraction, recycling plants, foundries and tips

Morgues

Prisons, correctional or remand centres, or immigration detention centres

Recreational vessels

Security industry

Sex industry

Tattoo shops

Trading vessels

Transmission and distribution industries (linework and/or cabling)

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 _____

 NEWBOROUGH, VIC _____ Postcode 3825 Telephone Lauren Gibson - 5127 9242
 Work Experience Coordinator Lauren Gibson Student Year Level 10

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) 19/07/2021 to (completion date) 23/07/2021 Total number of days 5
 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, Adam Hogan Principal of Lowanna College

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 / /

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 _____

 NEWBOROUGH, VIC _____ Postcode _____ Telephone _____ Lauren Gibson - 5127 9242
 Work Experience Coordinator _____ Lauren Gibson _____ Student Year Level _____ 10

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) _____ 19/07/2021 _____ to (completion date) _____ 23/07/2021 _____ 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 / /

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: