**PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name:** |  | | |
| **School:** |  | | |
| **Year level in 2024:** |  | **VCE / VCEVM OR VPC** |  |
| **Are you undertaking VDSS studies?** | **YES / NO** | **If yes,**  **which one?** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Birth:** |  | **Gender:** |  |
| **Address:** |  | | |
| **Town:** |  | **Postcode:** |  |
| **Home Phone:** |  | **Students Mobile Phone:** |  |
| **Email: *(your induction will be sent to this email)*** |  | | |

|  |
| --- |
| **Why do you want to undertake a work placement GippSport?** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Placement Type:** |

**TYPE OF PLACEMENT (choose one):**

|  |  |
| --- | --- |
| **Work Experience? (WE)**  3 days or 4 days | From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |

**OR**

|  |  |
| --- | --- |
| **Structured Workplace Learning placement? (SWL)** 1 day per week for 1 Semester | From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Day of week: |

**Office where placement is to occur**

|  |  |
| --- | --- |
| **Please circle** | **Traralgon Inverloch Sale Bairnsdale** |

# RESPONSIBILITIES OF School/Institution:

(not only limited to):

* Ensure the student has the capability to undertake the work experience/structured workplace learning as specified within the arrangement and to do so without exposing themselves or others in the workplace to any unacceptable risk.
* Ensure the work experience/structured workplace learning arrangement form for each student is completed correctly and signed by all relevant parties, and that copies of the form have been given to the employer, the student and the parent/guardian (where the student is under 18 years of age).
* Ensure where it is proposed that the student may be required to undertake vehicle travel with the employer that the student and parent/guardian (where the student is under 18 years of age) have given written consent.
* Ensure the employer has been provided with any necessary health information in relation to the student, including any information relating to any medical condition which may require treatment during the placement.
* Ensure student has completed the required occupational health and safety preparation, induction and/or other specified training modules prior to their placement commencing.
* Ensure the employer and student have clear expectations about the skills and competencies which the student is expected to gain in the workplace, and that the student will be given the opportunity to acquire these skills and competencies.
* Ensure the student is ‘work ready’ and understands workplace behaviour and etiquette, including ensuring that students understand that they should not use the internet or other electronic communications for accessing illegal, offensive or inappropriate material; and
* Ensure that the student knows what to do in case of lateness to work, absence and/or an accident.

**RESPONSIBILITIES OF** **Work experience/Structured workplace learning participant:**

* Provide GippSport with documentation from the relevant institution to demonstrate the placement is an approved part of a relevant program or course of study, and that they are covered by the insurance policy of that institution.
* Ensure they understand their obligations in relation to occupational health and safety in the workplace.
* Comply with GippSport policies and procedures and the lawful instruction of supervisors; noncompliance may result in the termination of a placement.
* Contact their designated supervisor before commencing the placement to discuss/confirm:
  + Meeting place on the first day.
  + Induction process.
  + Starting and finishing times.
  + Arrangements for meal breaks.
  + Clothing requirements.
  + Tasks/activities to be performed.
  + any special requirements the student may have.
* Contact their designated supervisor as soon as practicably possible, should they be unable to attend on any day as well as inform the school/institution and employer of expected or unexpected absences from work, or necessarily late arrivals occur.
* Discuss any issues or concerns relating to the activities assigned to them with their designated supervisor.
* Ensure that they are appropriately attired taking into consideration the nature of the duties, occupational health and safety requirements and contact with the public.
* Commence work as per the specified time from provided by their supervisor.
* Ensure they have the contact details of their school/institution.
* Behave like an employee and follow requirements of the workplace and instructions given their supervisor.
* Be polite and courteous, wear clothing appropriate to the workplace and be punctual in attendance.
* If undertaking SWL, perform tasks which will enable their skills and competencies to be assessed where appropriate.
* If undertaking SWL, ensure that the skills and competencies being assessed are recorded, signed off, dated and the results communicated to the Structured Workplace Learning Coordinator.
* Show enthusiasm and initiative and be willing to learn.
* Immediately report all accidents, ‘near misses’ and hazardous situations in the workplace to their supervisor and school/institution.
* Immediately seek advice from their supervisor when unfamiliar with workplace procedures regarding occupational health and safety, or uncertain about how any task should be done.
* Report any concerns or issues to their school/institution.

|  |
| --- |
| ***All statements on this form are true and correct. I understand that submission of this form does not guarantee an offer of a work placement.*** |
| Applicants (Students) signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |
| As a representative of (Name of school) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I endorse and support this student’s application.  School Contact Name: (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |