



Department of
Education

WORKPLACE LEARNING FOR PUBLIC SCHOOLS PROCEDURES

EFFECTIVE: 28 APRIL 2025

VERSION: 2.1

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These procedures must be read in conjunction with the Duty of Care for Public School Students Policy.

1 POLICY SUPPORTED

Duty of Care for Public School Students Policy

2 SCOPE

These procedures apply to all principals and/or school staff nominated by the principal in public schools.

3 PROCEDURES

3.1 WORKPLACE LEARNING

The principal and/or school staff nominated by the principal must:

- confirm that a workplace learning management plan is developed to manage the students' engagement with the workplace.
- nominate one or more employees as the workplace learning coordinator(s) to:
 - identify workplace learning opportunities that are consistent with and responsive to the needs and aspirations of students and their families.
 - respond to feedback to determine placements are inclusive, culturally safe, and (culturally) responsive to all, including Aboriginal and Torres Strait Islander students, culturally and linguistically diverse students, and students with disabilities
 - respond to feedback from students and families to determine whether placements are made in a culturally responsive and culturally safe work environment.
 - complete the Workplace Learning Management Plan (Appendix A).
 - monitor the implementation of the Workplace Learning Management Plan.
 - monitor student wellbeing, engagement and achievement.
 - monitor students' progress, where student assessment is part of the workplace experience.
 - liaise with the employer providing the placement and with the student's family/caregiver.
 - complete and retain the Student Placement Record for each student placement to support workplace learning implementation (Appendix B).
 - confirm that the family/caregiver sights and signs the relevant completed documentation for the Student Placement Record (Appendix B) or that the documentation identified in Appendix C is collated and retained for School Based Trainees or Apprentices.
 - provide the family/caregiver with the relevant insurance information for the type of placement (Appendix D).
 - collect and retain the Certificate of Currency for the host employer's public liability insurance for reporting purposes.
 - supervise the student's work placement by means of scheduled visits and phone and/or email contacts with the workplace.
- confirm any duties undertaken that relate to teaching and learning, and curriculum activities are undertaken by one or more teachers.

- communicate to the family/caregiver their responsibilities for workplace learning activities which fall outside of the direct control of the schools.

Guidance

See the Workplace Learning Guidelines for more information. (staff only)

4 DEFINITIONS

CERTIFICATE OF CURRENCY

A document issued by an insurance company or broker confirming a current policy is in place for the sums insured as at the date the certificate was issued.

CULTURAL RESPONSIVENESS

The ability to understand, interact and communicate effectively and sensitively with people from a cultural background that is different from one's own. It is characterised by respect for culture, ongoing self-reflection, expansion of knowledge and commitment to improving practices and relationships, and is responsive to the diverse needs, backgrounds, experiences and knowledge of all students.

CULTURAL SAFETY

Is determined by Aboriginal people and experienced when they are in environments and relationships where they do not experience racism in any form and their:

- presence is welcomed and respected
- experiences are believed and validated
- cultures are centred and valued
- knowledges and skills are recognised and supported
- advice is listened to and acted upon.

DUTY OF CARE

A duty imposed by law to take reasonable care to minimise the risk of harm to another.

EXTERNAL AGENCY

A business, organisation or individual with which the Department of Education, principal or their nominee has negotiated provision of a workplace learning service and/or expertise appropriate to a particular school activity.

FAMILY/CAREGIVER

A person who has legal responsibility for the care and welfare of the child.

HOST EMPLOYER

The person/organisation who has control of the workplace in which a workplace learning student is placed. A host employer may be the proprietor of the business or may manage the workplace on behalf of the proprietor. In some cases (for example School Based Apprenticeships/Traineeships), the host employer may also employ the student in the usual sense of the word.

INDEPENDENT MINORS

Students under 18 years of age living independently whom the principal decides (under Regulation 147 of the *School Education Regulations 2000*) may sign their own consent forms.

MINOR

A person under the age of 18 years.

NOMINATED PERSON

School staff or regional office staff nominated by the principal including workplace learning officers, workplace learning coordinators, VET coordinators, teachers, regional VET coordinators, engagement and transition managers and Directors of Education.

SCHOOL-BASED TRAINEESHIPS AND APPRENTICESHIPS

A structured paid employment-based training program that leads to school-based apprentices or school-based trainees gaining a nationally recognised qualification. School-based apprenticeship and traineeships are part-time and subject to conditions stipulated on the *Register of Class A and B qualifications* (Department of Training and Workforce Development).

SUPERVISOR

School staff nominated by the principal with the official task of overseeing the provision of the workplace learning program.

SUPERVISORY TEAM

School staff nominated by the principal with the official task of overseeing the school's workplace learning program.

VENUE

The facilities at which planned training, workplace learning, outdoor or recreational activity occurs.

WORKPLACE

A place where work is carried out for a business or undertaking and includes any place where a worker goes or is likely to go while at work.

WORKPLACE LEARNING

The placement of a student in a work environment as part of work experience, work shadowing, or an accredited Workplace Learning program.

WORKPLACE LEARNING COORDINATOR

A role carried out by any employee pursuant to section 235 of the *School Education Act 1999* or the *Public Sector Management Act 1994*, who is nominated by the principal to coordinate workplace learning for students enrolled in school-based programs. This role exists even if an external agency provides a workplace learning program service for the school.

WORK READINESS

The assessment of a student's readiness is made in the context of the outcomes to be achieved and the nature of the work placement. It is demonstrated by students having a positive attitude towards learning in a workplace environment and making an honest commitment to the experience. Work readiness may also include the student having met the legislative compliance requirements, such as permissions and licences, required by particular industries.

WORKPLACE SUPERVISOR

An employee of a host workplace who acts in a designated supervisory capacity for the student(s) engaged in workplace learning at that site.

5 RELATED DOCUMENTS

Relevant legislation or authority

Children and Community Services Amendment Act 2008
Disability Discrimination Act 1992
Equal Opportunity Act 1984 (WA)
Public Sector Management Act 1994 (WA)
School Curriculum and Standards Authority Act 1997 (WA)
School Education Act 1999 (WA)
School Education Act Employees' (Teachers and Administrators) General Agreement 2021
School Education Regulations 2000 (WA)
Volunteers (Protection from Liability) Act 2002 (WA)
Vocational Education and Training (General) Regulations (WA) 2009
Vocational Education and Training Act 1996
Teacher Registration Act 2012 (WA)
Work Health and Safety (General) Regulations 2022
Work Health and Safety Act 2020 (WA)
Workers Compensation and Injury Management Act 2023 (WA)
Working with Children (Screening) Act 2004 (WA)

Related Department policies

Code of Conduct and Standards
Child Protection in Department of Education Sites
Curriculum Assessment and Reporting in Public Schools
Incident Management on Department of Education Sites
Excursions in Public Schools
Records Management
Risk and Business Continuity Management
Staff Conduct and Discipline
Student Attendance in Public Schools
Student Behaviour in Public Schools
Student Drivers on Western Australian College of Agriculture and Farm Based
Public School Sites Procedures
Student Health Care in Public Schools
Visitors and Intruders on Public School Premises

Work Health and SafetyWorking With Children Checks in Public Schools

Contact information

Policy manager: Manager
Secondary, District High Schools and Post School Pathways

Policy contact officer: Principal Consultant
Secondary, District High Schools and Post School Pathways
T: (08) 9402 6422

6 REVIEW DATE

28 April 2028

7 HISTORY OF CHANGES

Effective date	Last update date	Policy version no.	Ref no.	Notes
1 January 2019		1.0	D18/0279556	These new procedures support the Duty of Care for Public School Students policy that replaces the Outdoor Education and Recreation Activities for Public Schools, Duty of Care VET for School Students Attending TAFEWA Colleges from Public Schools and Workplace Learning for Public School policies. Endorsed by the Director General at Corporate Executive on 9 August 2018.
1 January 2019	28 June 2023	1.1	D23/1271583	Minor update to contact details D23/1271576
28 April 2025		2.0	D24/0667055	Major Review Corporate Exec approved on 15 January 2025 and approved by DG on 22 January 2025 D24/0414976
28 April 2025	28 April 2025	2.1	D25/0330940	Minor changes approval D25/0330360

APPENDIX A. WORKPLACE LEARNING (WPL) MANAGEMENT PLAN

STUDENT(S) INFORMATION						
School						
Student(s)						
Contact phone						
Contact email						
SCHOOL INFORMATION						
WPL coordinator						
Contact details						
VET coordinator						
Contact details						
Types of workplace learning program	<input type="checkbox"/>	ADWPL Course (SCSA)	<input type="checkbox"/>	Work experience	<input type="checkbox"/>	Work shadowing
	<input type="checkbox"/>	Part of a VET program	<input type="checkbox"/>	SBT/SBA/ASBT/PAIS	<input type="checkbox"/>	Other (e.g. Internship)
Placement dates						
HOST EMPLOYER WORKPLACE DETAILS						
Workplace name						
Workplace supervisor						
Position						
Contact details						
SUPERVISOR/SUPERVISORY TEAM DETAILS						
Supervisor name						
Position						
Contact phone				Contact mobile		
Contact email						
SCHOOL EMERGENCY CONTACT DETAILS						
Name						
Position						
Contact details						

PURPOSE

Workplace Learning Program (see Workplace Learning Guidelines)

- ☐ Define the educational purpose for the workplace learning program. (Appendix B2: Host employer section)

ASSESS RISKS

Workplace environment (see Workplace Learning Guidelines)

- ☐ The work site supports the safety and welfare of the student(s).
- ☐ A site suitability pre-placement visit has been carried out for each site used.
- ☐ Employer section of the Student Placement Record Appendix B2: Host employer section has been completed.
- ☐ Appendix C: School-based apprentices and trainees (SBATs) work placement records have been completed for SBATs.

Transport arrangements (see Workplace Learning Guidelines)

- ☐ Transport needs for workplace learning participants, including students, staff and other members of supervisory team(s) have been identified in the *description of the proposed activities* table in Appendix B2.
- ☐ Strategies that mitigate transport risks related to safety, compliance, or general welfare have been identified in the *description of the proposed activities* table in Appendix B2.

STUDENT/S – Appendix B1: Student Section

Selecting students (see Workplace Learning Guidelines)

- ☐ Student(s) has/have completed an application process.
- ☐ Student(s) has/have attended an interview (if required).
- ☐ Student(s) has/have been assessed for work readiness to ensure the placement benefits both the student and host employer.
- ☐ Confirm that the worksite accommodates students' needs and capabilities, including provisions for students with diverse needs (e.g. CALD, intellectual or physical disability, specified health issues).
- ☐ Pre-requisites necessary for student(s) to engage with specific workplaces have been identified and fulfilled (e.g. WorkSafe SmartMove Certificate, White Card for construction sites).
- ☐ School has conducted a work placement induction program with student(s) prior to them engaging in any practical work activities. This must include familiarising student(s) with the conduct appropriate for a workplace.

Once student(s) are selected and placements are organised, attach:

- ☐ the completed Student Placement Record (Appendices B1, B2, B3 and B4) for each placement undertaken by each student
- ☐ details of any special needs of student(s) and provisions made
- ☐ a schedule of student induction sessions and confirmation they have been undertaken prior to commencing work on site-
- ☐ for SBATs, the documentation identified in Appendix C can substitute for the Student Placement Record.

SUPERVISOR/SUPERVISORY TEAM

Establishing a supervisor/supervisory team (see Workplace Learning Guidelines)

- ☐ Select a supervisor/supervisory team with the relevant capabilities for each WPL program.
- ☐ Determine the roles and responsibilities for the supervisor/supervisory team.
- ☐ Verify each supervisory team member's capability to identify and establish a safe workplace learning environment and monitor each student's progress.
- ☐ Each supervisor/supervisory team member has been inducted, has had any gaps identified and related resources/professional learning planned to enable them to carry out assigned duties and roles.
- ☐ Where a third-party is involved, prepare a Memorandum of Understanding.

SUPERVISION STRATEGY

Establishing a supervision strategy for each WPL program (see Workplace Learning Guidelines)

- ☐ A supervision strategy has been established and is appropriate to the:
 - Student(s) age, knowledge and level of skill
 - Student(s) medical condition or disability
 - type and location of the activity
 - workplace environment and workplace supervisor's capability.
- ☐ Workplace supervisor has been informed of the requirement to report to the school any discrepancies in the student's safe and expected time of arrival, departure and return to the workplace.
- ☐ Supervision strategies should address circumstances where students are not in clear view of the workplace supervisor(s), such as:
 - when set a task out of direct line of sight
 - during meal breaks that are unsupervised
 - when travelling to and from meal providers during meal breaks.
- ☐ Family/caregiver permission has been obtained for the student to:
 - leave the workplace during meal breaks, in workplaces where the workplace supervisor does not supervise students during meal breaks.
 - travel (unsupervised by the workplace supervisor) with workplace colleagues to a meal provider and return to the workplace.

COMMUNICATION STRATEGY

Establishing a communication strategy (see Workplace Learning Guidelines)

- ☐ All parties including student, supervisor/supervisory team and host employer have received the communication strategy including contact details.

EMERGENCY RESPONSE STRATEGY

Establishing an emergency response strategy (see Appendix B1 and Appendix B3, Workplace Learning Guidelines, the Work Health and Safety, and the Incident Management on Department of Education Sites)

WORKPLACE EMPLOYERS

Employer selection and induction (see Workplace Learning Guidelines)

Once employer is selected, attach:

- ☐ evidence that an induction process has been carried out
- ☐ the completed Student Placement Record (Appendix B)
- ☐ the employer's Certificate of Currency for Public Liability insurance.

(Note: For Department of Education or other State Government Department's sites which are insured by RiskCover, a Certificate of Currency is not required. See Insurances for Workplace Learning Guidelines.

FAMILY/CAREGIVER CONSENT

Obtain family/caregiver consent (see Appendix B and Workplace Learning Guidelines)

- ☐ Detailed information on the student work placement has been provided to family/caregiver.
- ☐ Written consent has been obtained from family/caregiver for their child to participate in a WPL program.
- ☐ Family/caregiver has been provided with insurance information for the placement, including Insurance Letter to Parents (Appendix D1 or Appendix D2).
- ☐ Family/caregiver has sighted Student Placement Record Appendices B1 and B2 and signed the Student Placement Record (Appendix B3).
- ☐ In the case of SBATs, the family/caregiver signature on the Training Contract will confirm their permission has been gained.

RETAIN RECORDS

Evidence/records are to be attached to this Plan and retained until students reach 25 years old (see Workplace Learning Guidelines)

- ☐ Appendix B and C are retained in accordance with the Department of Education's Records Management policy.

EVALUATION

Reviewing and evaluating the WPL program(s) and this Plan (see Workplace Learning Guidelines)

- ☐ Post-placement student feedback has been collected.
- ☐ Post-placement feedback has been collected from host employer.
- ☐ Following the collation of feedback, implement revisions to documents and/or processes.

SIGNATURES

Signature of Workplace Learning coordinator:

Date:

I am satisfied that the management plan for this program meets Duty of Care for Public School Students Policy requirements. I approve the students named in the attachment to participate in this program.

Signature of Principal/nominee:

Date:

Print name:

Position:

APPENDIX B. STUDENT PLACEMENT RECORD

Appendices B1, B2, B3 and B4, together, constitute the Student Placement Record which is used to confirm that all requirements of the Workplace Management Plan have been met for the placement of individual students in particular workplaces.

These appendices are collated and retained for each placement for each student.

B.1. STUDENT SECTION

STUDENT INFORMATION	
Name:	Date of birth:
Contact number:	Medicare number:
Emergency contact:	Home:
Mobile:	Work:
Workplace:	Proposed dates of placement: From: To:
Please tick where applicable:	
<input type="checkbox"/> I or my family/caregiver have provided details of any medication, adjustments, disability, and/or learning support the school or the employer should know about. If this information changes, I will inform the school.	<input type="checkbox"/> I know I must contact my workplace learning coordinator if I have any concerns about my placement.
	<input type="checkbox"/> I know I must contact my workplace learning coordinator if I have any concerns about the behaviour of the host employer or staff towards me.
<input type="checkbox"/> I have been made aware of the specific requirements that apply to the particular industry my placement is in and agree to comply with these requirements.	<input type="checkbox"/> I will inform both the host employer and my workplace learning coordinator as soon as possible if I am unable to attend the work placement on any given day.
<input type="checkbox"/> I have completed a Safety Induction e.g. WorkSafe SmartMove, White Card.	<input type="checkbox"/> I know who to contact in an emergency.
<input type="checkbox"/> I am aware of my rights and responsibilities.	<input type="checkbox"/> I will comply with all reasonable direction from the host employer and their employees.
<input type="checkbox"/> I understand my responsibilities during the placement to support work health and safety in the host workplace. I know I must not do anything to jeopardise the safety of myself and others.	<input type="checkbox"/> If I have access during the placement to business or personal information which is private and confidential, I will not convey that information to any person outside the host employer's workplace.
<input type="checkbox"/> I understand the need for and will acquire basic personal protective clothing and equipment (e.g. steel capped boots) required for the placement.	<input type="checkbox"/> I will not use any device to record conversations, video or take photographs without permission from the host employer or supervisor.
<input type="checkbox"/> I understand that if I feel unsafe during the placement I have the right to not undertake the task and I have the right to report the issue as soon as possible to my workplace learning coordinator.	<input type="checkbox"/> I will inform my workplace supervisor and the school promptly of any injury or accident that involves me.

☐ I understand that my physical and personal safety is of the highest importance during the placement and there are no negative consequences for me in reporting health and safety issues to my school, the host employer and/or to my family/caregiver.

Student signature:

Date:

B.2. HOST EMPLOYER SECTION

STUDENT INFORMATION	
Student's name:	

SCHOOL INFORMATION						
School:			Front office hours:			
Address:						
Contact number:			Email:			
WPL coordinator:						
Contact details:						
VET coordinator:						
Contact details:						
Types of workplace learning program	<input type="checkbox"/>	ADWPL Course (SCSA)	<input type="checkbox"/>	Work experience	<input type="checkbox"/>	Work shadowing
	<input type="checkbox"/>	Part of a VET program	<input type="checkbox"/>	SBT/SBA/ASBT/PAIS	<input type="checkbox"/>	Other (e.g. Internship)

WORK PLACEMENT			
Purpose:			
Type of industry:		Main activity:	
Specific industry skills (e.g. Certificate II in Hospitality) to be addressed (if applicable):			
Start date:		Finish date:	Total number of days:
Student's start time:		Finish time:	Student's total hours:
<input type="checkbox"/> Block	<input type="checkbox"/> One day per week	<input type="checkbox"/> Split shifts	<input type="checkbox"/> Other:
<input type="checkbox"/> Placement includes out of school hours work		Please specify:	
Transport arrangements (whilst in the workplace):			

HOST EMPLOYER			
Please complete all the following responses. If more space is needed please attach the information. This will assist the school to manage their duty of care to the student and your responses will help you satisfy your relevant workplace obligations. You may wish to keep a file copy as a guide for any future placements.			
Company name:		Proprietor/Supervisor:	
Workplace:		Job role:	
Address:		Contact number:	
Location of placement (if different to the Address above)		Business address:	
		Contact number:	
<input type="checkbox"/>	I have consulted with my insurance broker to determine that my business holds the appropriate level of public liability cover for my business.	<input type="checkbox"/>	I have provided a Certificate of Currency for this insurance to the school.
Supervisor's name:		Position:	Contact number:

Host employer/workplace supervisor declaration:

- ☐ I have read the Student Work Placement Guide (WorkSafe) and understand the responsibilities associated with working with children and young people.
- ☐ 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 will be suitable for the student and that Work Health and Safety (WHS) risks will be assessed and managed in accordance with the requirements of the Work Health and Safety Legislation. I have confirmed and signed the *Description of the proposed activities* to meet the Department's requirements.
- ☐ I have been provided with details of any medication, adjustments, disability, and/or learning support the student may need.
- ☐ I will consult and cooperate with the school and will notify the school immediately of any health and safety incidents involving the student while on placement, including near misses, to enable the Department to fulfil its WHS obligations.
- ☐ I will provide a site-specific induction and the ongoing appropriate information, instruction, training, supervision and additional personal protective equipment as required through the work placement that enables the student to perform their work safely.
- ☐ I have been made aware of the nature of the work placement and of any restrictions which apply to the kinds of work the student can be required to perform.
- ☐ I confirm that if the student is travelling in work vehicles, that the vehicles and drivers are currently licensed.
- ☐ I will notify the workplace learning coordinator as soon as possible if the student is ill, injured, absent without explanation or if there are concerns about the student's behaviour.
- ☐ I will notify the workplace learning coordinator immediately if I need to redirect students to another location due to site safety issues requiring immediate attention occurring, for example if asbestos is found on the site.
- ☐ I am not aware of anything in the background of any employee who will have close or unsupervised contact with the student that would preclude that person from providing a child safe work environment.
- ☐ **Child related workplace/industries only** - as per the *Working with Children (Screening) Act 2004* (e.g., child care centres), I confirm that all the employees have their Working with Children Checks.

Signature of host employer:

Date:

Print name:

Position:

DESCRIPTION OF THE PROPOSED ACTIVITIES - Employer to add, confirm and sign		
Identification of potential risks		Strategies to manage identified potential risks
Tasks (student tasks to be undertaken during placement)	Specific risk/s (student or workplace)	Employer strategy/ies to manage risk (Assumes an appropriate workplace preparation has been undertaken by the school)
Example: Manual handling of materials and equipment	Example: Risk of injury arising from incorrect methods of lifting and replacing heavy items.	Example: <ul style="list-style-type: none"> • Instruction provided in workplace induction • Ongoing supervision of student
Work Transport Arrangements (if applicable)		
Students travelling in work vehicles	Travelling to different work sites	Vehicle is licensed; driver(s) are licensed

Insert additional rows if required

Employer Signature

B.3. FAMILY/CAREGIVER CONSENT

Note:

1. The family/caregiver must have been provided with completed Appendices B1 and B2 prior to filling out this consent form.
2. Students over the age of 18 years and students designated as 'independent minors' may sign their own consent forms.

FAMILY/CAREGIVER CONSENT	
Student's name:	Date of birth:
Contact number:	Medicare number:
Workplace:	Proposed dates of placement: From: To:
Details (or attached) of any adjustment, disability, learning support, medication or factors the host employer should know:	

Name of person completing form:	Relationship to student:
Address:	Home number:
Work phone:	Mobile:
<input type="checkbox"/> I will notify the school if I have any concerns and the school with follow up and action.	
<input type="checkbox"/> I am aware of the contents of the Student (B1) and Host Employer Sections (B2) of the Student Placement Record.	
<input type="checkbox"/> The placement includes out of hours work. The hours of work are: _____	
<input type="checkbox"/> I agree to make myself available as a contact for my child after normal business hours in the event of an emergency.	
OR	
<input type="checkbox"/> To fulfil this role, I nominate: _____ Contact number: _____ Relationship to student: _____	
<input type="checkbox"/> My child requires medication, adjustment, has a disability and/or learning support and I have informed the school of these requirements and consent that this information can be provided to the host employer.	
<input type="checkbox"/> I am aware that transport arrangements for my child to and from the workplace are the responsibility of myself and/or my child.	

<input type="checkbox"/> I have been informed of the relevant insurance information in relation to the placement, including information about the Public Liability insurance held by the host employer.	
<input type="checkbox"/> My child is aware of all the transport arrangements which are involved in this placement.	
<input type="checkbox"/> I am aware that my child may not be supervised during meal breaks and give permission for my child to leave the workplace during these breaks, including in vehicles driven to a meal provider by workplace colleagues.	
<input type="checkbox"/> I consent to my child undertaking the placement outlined in this Student Placement Record.	
<input type="checkbox"/> My child is aware of the actions they can take if they feel unsafe during the work placement, including if they have concerns about the behaviour of the host employer and/or their staff.	
Signature of family/caregiver:	Date:
Print name:	Signature of nominee:

B.4. SCHOOL APPROVAL OF PLACEMENT

Note: School approval of the placement is only to be completed after Appendices B1, B2 and B3 have been completed, signed, and sighted.

SCHOOL APPROVAL OF THE PLACEMENT

Student's name (or list of student names):

Date of birth:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | The placement conforms to the requirements of Department's <i>Workplace Learning in Public Schools Procedures</i> and associated documents and forms. |
| <input type="checkbox"/> | The school will report incidents affecting the safety of students, including near misses, while the student is undertaking workplace learning in accordance with the Department's <i>Workplace Learning in Public Schools Procedures</i> . In accordance with the Department policy, incidents must be reported as soon as possible but within 24 hours. |
| <input type="checkbox"/> | The student(s) is/are aware of whom to contact in an emergency. |
| <input type="checkbox"/> | The host employer has been provided with information about any medication, adjustments, disability, and/or learning support that students require and the family/caregiver has consented to this information being shared. |

Signature of workplace learning coordinator:**Date:**

I am satisfied that the arrangements for this placement meet Duty of Care for Public School Students Policy and Workplace Learning for Public Schools Procedures requirements. I approve the student(s) named in the attachment to participate in this program.

Signature of principal/nominee:**Date:****Print name:****Position in school:**

APPENDIX C. SCHOOL-BASED APPRENTICESHIP AND TRAINEESHIPS WORK PLACEMENT RECORDS

For students undertaking a school-based apprenticeship or school-based traineeship, the following documents (as a set) may be used in place of the Student Placement Record:

- the Training Plan
- the Training Contract.

The family/caregiver signature on the Training Contract will confirm their permission has been gained.

Please refer to the *school-based apprenticeship and traineeship guide (Department of Training and Workforce Development)* and relevant fact sheets for further information.

The school's endorsement of the Training Plan is a requirement. This will provide an opportunity for schools to determine their support for the School Based Apprenticeship or School Based Traineeship (SBATs) including duty of care responsibilities.

The documented information for SBATs will need to be included as part of Appendix A: Workplace Learning Management Plan.

Note: It is recommended that the school works closely with the Australian Apprenticeship Support Network provider to confirm the student's participation in the apprenticeship/traineeship is managed appropriately.

APPENDIX D. INSURANCE LETTERS

D.1. INSURANCE LETTER TO FAMILY/CAREGIVER - UNPAID WORK PLACEMENT

Dear family/caregiver

WORKPLACE LEARNING (UNPAID) – INSURANCE COVER

The Department of Education (the Department) provides personal accident insurance and public liability insurance through RiskCover for students engaged in unpaid work placements allocated or arranged by the Department.

The insurance covers, subject to certain conditions, the 'gap' costs over and above what is paid by Medicare or the student's private health insurance for a student's medical expenses, including dental, ambulance charges and surgical appliances. The insurance also covers direct travel between home and the workplace learning placement site.

The Department of Education's insurance does not cover accidental damage caused by the student unless negligence on the part of the student can be demonstrated.

The school has been provided with evidence of the host employer's level of public liability insurance cover and the host employer has confirmed that this is the appropriate level of cover for their particular business.

In the event of a workplace learning accident, the student will be asked to complete a workplace learning personal accident claim form. This form must be completed and forwarded to the school principal.

In the first instance when making a workplace learning accident insurance claim, medical bills should be claimed through Medicare or your private health insurance. In the event that reimbursement is required, Medicare statements, private health insurer remittance and doctor's and chemist's receipts, where applicable, are to be forwarded to:

Specialist Claims Team
RiskCover
GPO Box K 837
PERTH WA 6842

On approving the claim, RiskCover will send a cheque covering the difference between the Medicare/private health insurance cover and the total cost of the bills.

Yours sincerely

Workplace Learning coordinator

Date: _____

D.2. INSURANCE LETTER TO FAMILY/CAREGIVER - PAID WORK PLACEMENT

Dear family/caregiver

WORKPLACE LEARNING (PAID) – INSURANCE COVER

This letter is to inform you of insurance cover for your student while on placement for paid workplace learning.

The Department of Education (the Department) provides personal accident insurance and public liability insurance through RiskCover for students engaged in unpaid work placements allocated or arranged by the Department.

However, in circumstances where a work placement involves paid employment, the Department does not provide personal accident insurance and public liability insurance.

These circumstances include where the:

- work placement is part of a school-based apprenticeship/traineeship;
- student intends to use part-time paid employment for recognition of workplace learning towards WACE achievement.

In these circumstances, the student is an employee and is covered by their employer's workers' compensation and public liability insurance.

Information about workers' compensation insurance procedures, including how to make a claim in the event of an accident, can be found on the [Work-Cover WA website](#).

Yours sincerely

Workplace Learning coordinator

Date: _____