

# Work experience placements for school students

## Agreement

### Privacy statement

The Department of Education ('the department') is collecting personal information on this form in order to make a work experience arrangement for a student under the *Education (Work Experience) Act 1996* (Qld). The personal information will only be used by authorised employees within the student's school, the department, and the nominated work experience provider for the purpose of organising and implementing the arrangement. The information may also be given to the Queensland Government Insurance Fund and WorkCover Queensland for the purpose of managing insurance coverage as required by the *Education (Work Experience) Act 1996* (Qld). Your information will not be given to any other person or agency unless you have given us permission or we are required by law to do so.

This agreement establishes a work experience arrangement under the *Education (Work Experience) Act 1996* (Qld), and should be completed and signed, where indicated by the student, their parent, the work experience provider and Principal of the student's school.

<b>School name:</b>		A N D	<b>Provider's name:</b>	
<b>School address:</b>			<b>Provider's address:</b>	
<b>Work experience coordinator:</b>			<b>Nominated supervisor:</b>	
<b>Phone:</b>			<b>Phone:</b>	
<b>Email:</b>			<b>Email:</b>	
<b>PLACEMENT DETAILS</b>				
<b>Industry/ Occupation:</b>		<b>Model of work experience:</b> (Select one)	<input type="checkbox"/> Work sampling <input type="checkbox"/> Structured work placement	
<b>Dates of placement:</b>		<b>Number of days:</b>		<b>Hours of work:</b>
<b>Summary of proposed student workplace activities</b> (list main activities):				
<b>Special requirements for placement</b> (e.g. uniform, personal protective clothing/equipment):				
<b>STUDENT DETAILS</b>				
<b>Student name:</b>		<b>Date of birth:</b>	/ /	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Phone:</b>		<b>Email:</b>		
<b>Emergency contact:</b>		<b>Out of school hours emergency phone:</b>		



<b>Medical information:</b> (List any pre-existing medical conditions that may impact on the student's work experience placement. Please attach details of medications and health plans where relevant.)		
<b>STUDENT RESPONSIBILITIES</b>		
I understand that my conditions of placement include:		
<ul style="list-style-type: none"> <li>attendance at my placement for the full work experience period</li> <li>immediately notifying my school and the work experience provider if I am unable to attend or am late</li> <li>demonstrating behaviour aligned to my school's responsible behaviour expectations and in keeping with the accepted standards of my work experience provider</li> <li>performing my duties to the best of my ability and complying with all reasonable directions given by the work experience provider</li> <li>following all workplace health and safety procedures in my workplace</li> <li>notifying my school and work experience provider of any incident or accident in the workplace which may involve me.</li> </ul>		
<b>Student signature:</b>	<b>Date:</b>	/ /
<b>PARENT CONSENT (Applicable to students under 18 years of age)</b>		
I understand that my responsibilities relating to my student's work experience placement include:		
<ul style="list-style-type: none"> <li>providing any information about medical conditions and/or medication relating to my child which may impact on the safety of my child or the safety of others in the workplace</li> <li>organising transportation for my child to and from the work experience placement location</li> <li>notifying the school and work experience provider if my child is unable to attend or is late.</li> </ul>		
I consent to _____ participating in work experience as stated.		
<b>Parent signature:</b>	<b>Date:</b>	/ /
<b>WORK EXPERIENCE PROVIDER'S AGREEMENT</b>		
I enter into an arrangement for the named student to be placed with me for the purpose of work experience. Conditions of placement include:		
<ul style="list-style-type: none"> <li>understanding my responsibilities relating to health and safety under the <i>Work Health and Safety Act 2011</i> (Qld)</li> <li>informing the student of particular safety requirements of this workplace including personal protective clothing/equipment</li> <li>notifying the school/work experience provider of any unexplained absences by the student</li> <li>notifying the school/work experience provider of any incident or accident involving a school student, any action undertaken and damages to property involving the student during this placement</li> <li>providing supervision for the student at all times</li> <li>ensuring the hours worked by the student do not exceed the normal hours worked in my industry</li> <li>ensuring the student will not perform work which is prohibited by law or is unsuitable for a student placed in a work experience environment</li> <li>understanding that the arrangement may be terminated at any time by either the school principal or myself</li> <li>ensuring the student is not paid whilst undertaking work experience</li> <li>understanding the level of liability cover provided by the Department of Education.</li> </ul>		
<b>Work experience provider's signature:</b>	<b>Date:</b>	/ /
<b>PRINCIPAL'S AGREEMENT</b>		
I enter into an arrangement for the named student to be placed for the purpose of work experience with the above named work experience provider.		
<b>Principal's signature:</b>	<b>Date:</b>	/ /



**Risk assessment - Student name:**.....***For student work experience placements***

This template is used to document a risk assessment to manage health and safety hazards and risks associated with the placement of a student in an organisation/business/location for the purposes of undertaking work experience.

It may be completed by the work experience coordinator or the work experience provider in consultation with the work experience coordinator, with a copy retained on file with the *Work experience placements for school students agreement* completed for this placement.

For more details on the risk management process refer to the [Managing Health and Safety Risks factsheet](#).

Completion of this template may be informed by [Curriculum Activity Risk Assessment \(CARA\) guidelines](#).

Description of workplace activities (as outlined on the agreement form): Click or tap here to enter text.	
Conducted by: Click or tap here to enter text.	Date: Click or tap here to enter text.

**Step 1: Identify the hazards**

<b>Biological (e.g. hygiene, disease, infection)</b>			
<input type="checkbox"/> Blood/bodily fluid	<input type="checkbox"/> Virus/disease	<input type="checkbox"/> Food handling	
Other/details: Click or tap here to enter text.			
<b>Chemicals (note: refer to the label and safety data sheet (SDS) for the classification and management of all chemicals)</b>			
<input type="checkbox"/> Non-hazardous chemical(s)	<input type="checkbox"/> Hazardous chemical (refer to a completed hazardous chemical risk assessment)		
Name of chemical(s)/details: Click or tap here to enter text.			
<b>Critical incident – resulting in:</b>			
<input type="checkbox"/> Lockdown	<input type="checkbox"/> Evacuation	<input type="checkbox"/> Disruption	
Other/details: Click or tap here to enter text.			
<b>Energy systems – incident/issues involving:</b>			
<input type="checkbox"/> Electricity (incl. mains and solar)	<input type="checkbox"/> LPG gas	<input type="checkbox"/> Gas/pressurised containers	
Other/details: Click or tap here to enter text.			
<b>Environment</b>			
<input type="checkbox"/> Sun exposure	<input type="checkbox"/> Water (creek, river, beach, dam)	<input type="checkbox"/> Sound/noise	
<input type="checkbox"/> Animals/insects	<input type="checkbox"/> Storms/weather	<input type="checkbox"/> Temperature (heat, cold)	
Other/details: Click or tap here to enter text.			
<b>Facilities/built environment</b>			
<input type="checkbox"/> Buildings and fixtures	<input type="checkbox"/> Driveway/paths	<input type="checkbox"/> Workshops/factories/work rooms	
<input type="checkbox"/> Playground equipment	<input type="checkbox"/> Furniture	<input type="checkbox"/> Swimming pool	
Others/details: Click or tap here to enter text.			
<b>Machinery, plant and equipment</b>			
<input type="checkbox"/> Machinery (fixed plant)	<input type="checkbox"/> Machinery (portable)	<input type="checkbox"/> Hand tools	<input type="checkbox"/> Vehicles/trailers
Others/details: Click or tap here to enter text.			
<b>Manual tasks/ergonomics</b>			



<input type="checkbox"/> Manual tasks (repetitive, heavy)	<input type="checkbox"/> Working at heights	<input type="checkbox"/> Restricted space
Other/details: Click or tap here to enter text.		
<b>People</b>		
<input type="checkbox"/> Students	<input type="checkbox"/> Workplace employees	<input type="checkbox"/> Customers/clients
<input type="checkbox"/> Physical	<input type="checkbox"/> Psychological/stress	
Other/details: Click or tap here to enter text.		
<b>Other hazards/details:</b>		
Click or tap here to enter text.		

## Step 2: Assess the level of risk

Consider the hazards identified in Step One and use the risk assessment matrix below as a guide to assess the risk level.

DoE Risk Management Matrix					
Likelihood	Consequence				
	Insignificant	Minor	Moderate	Major	Critical
Almost certain	Medium	Medium	High	Extreme	Extreme
Likely	Low	Medium	High	High	Extreme
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Low	Medium	Medium	High
Rare	Low	Low	Low	Low	Medium

Consequence	Description of consequence
1. Insignificant	No treatment required.
2. Minor	Minor injury requiring first aid treatment (e.g. minor cuts, bruises, bumps).
3. Moderate	Injury requiring medical treatment or lost time.
4. Major	Serious injury (injuries) requiring specialist medical treatment or hospitalisation.
5. Critical	Loss of life, permanent disability or multiple serious injuries.

Likelihood	Description of likelihood
1. Rare	Will only occur in exceptional circumstances.
2. Unlikely	Not likely to occur within the foreseeable future, or within the project lifecycle.
3. Possible	May occur within the foreseeable future, or within the project lifecycle.
4. Likely	Likely to occur within the foreseeable future, or within the project lifecycle.
5. Almost certain	Almost certain to occur within the foreseeable future or within the project lifecycle.


Assessed risk level		Description of risk level	Actions
<input type="checkbox"/>	Low	If an incident were to occur, there would be little likelihood that an injury would result.	Undertake the activity with the existing controls in place.
<input type="checkbox"/>	Medium	If an incident were to occur, there would be some chance that an injury requiring first aid would result.	Additional controls may be needed.
<input type="checkbox"/>	High	If an incident were to occur, it would be likely that an injury requiring medical treatment would result.	Controls will need to be in place before the activity is undertaken.
<input type="checkbox"/>	Extreme	If an incident were to occur, it would be likely that a permanent, debilitating injury or death would result.	Consider alternatives to doing the activity. Significant control measures will need to be implemented to ensure safety.

## Step 3: Control the risk

In the table below:

1. List the hazards/risks you identified in Step One.
2. Rate their risk level (refer to information contained in Step two to assist with this).
3. Detail the control measures you will implement to eliminate or minimise the risk.

Note: control measures should be implemented in accordance with the preferred **hierarchy of control**. If lower level controls (such as administration or PPE) are to be implemented without higher level controls, it is important the reasons are explained.

Hierarchy of controls	
Most effective (High level)    Least effective (Low level)	<b>Elimination:</b> remove the hazard completely from the workplace or activity.
	<b>Substitution:</b> replace a hazard with a less dangerous one.
	<b>Redesign:</b> changing a machine or work process to make it safer.
	<b>Isolation:</b> separate people from the source of the hazard.
	<b>Administration:</b> putting rules, signage or training in place to make a workplace safer.
	<b>Personal protective equipment (PPE):</b> protective clothing and equipment.

### Hazards/risks and control measures

1. Description of hazards/risks	2. Risk level	3. Control measures (Note: if only administration or PPE controls are used, please explain why)
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Other details: Click or tap here to enter text.

### Submission

This activity will be conducted in accordance with this risk assessment, implementing the control measures outlined in Step Three. Changes will be made to the activity if required, to manage any emerging risks to ensure safety.

**Contact person:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

Indicate those others involved in the preparation of this risk assessment:

Click or tap here to enter text.

