



Work Experience Arrangement Form

Education and Training Reform Act 2006 – Ministerial Order No. 382: Work Experience Arrangements

Every
child,
every
opportunity

STUDENT DETAILS

Surname _____ First Name _____ Birth Date / /
School Name and Address _____ Postcode _____ Telephone _____

Teacher-in-charge of Work Experience _____ Student Year Level _____

IN CASE OF EMERGENCY, THE EMPLOYER SHOULD CONTACT THE STUDENT'S PARENT OR GUARDIAN:

Name: (Parent/Guardian) _____
Address _____ Postcode _____
Tel. (Home) _____ (Work) _____ (Mobile) _____
Emergency contact (Name and Tel.) _____

EMPLOYER DETAILS [Employer to complete]

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 employment. This information must be kept confidential.

Employer (business) name Fist2Face Tel. (03) 9095 7911

Business address PO Box 268, Ringwood VIC Postcode 3134

Type of industry Music / Retail Primary activity at workplace Retail sales

Student's work location address 146 Maroondah Hwy, Ringwood VIC Postcode 3134

Workplace contact person Gerard Pidoto Supervisor Gerard Pidoto

Activities the student will undertake (if insufficient space, attach separate sheet) Data entry, promotion, stocktake, stock sorting

Work Experience hours 10 am/pm, to 6 am/pm; on Monday Tuesday Wednesday Thursday Friday
from (commencement date) _____ to (completion date) _____ Total number of days _____

Rate of payment \$ 5.00 per day (\$5.00 per day minimum)

EMPLOYER ACKNOWLEDGEMENT [Employer to sign]

I, Gerard Pidoto [name of individual, or on behalf of the employer if employer is an incorporated body] agree that:

1. I understand occupational health and safety legislation and standards relevant to the conduct of my undertaking under Victorian law and will comply with these laws and standards with respect to the student as if the student were my employee.
2. 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 period commencing.
3. I have read and understood Department of Education and Early Childhood Development 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 at all times.
4. 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.
5. 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.
6. 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.
7. I will ensure that the Work Experience is undertaken in a non-discriminatory and harassment free environment.
8. I will permit access to the workplace and contact with the student by the principal or their representative at any reasonable time during the Work Experience period.
9. I will ensure that the Work Experience arrangement is not used as a substitute for the employment of employees and/or the payment of appropriate wages.
10. I will ensure that the maximum number of Work Experience students at the place of work does not exceed one student for every three full-time employees (or part thereof).
11. I will notify the teacher-in-charge of Work Experience as soon as is possible if the student is absent, injured or becomes ill in the course of undertaking the Work Experience.
12. I will consult with the teacher-in-charge of Work Experience if I consider it necessary to terminate the arrangement before the specified time.

I understand and accept the responsibilities set out above. Following the principal's review of these details, I understand that he or she can determine whether or not the student will undertake the Work Experience proposed here.

Signature _____

Date / /