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 ___________________________ Postcode ___________________________ Telephone ___________________________

Work Experience Coordinator ___________________________ Student Year Level ___________________________

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 Victoria Police ___________________________ Tel. 9247 3350 / 9247 3408
Business address 637 Flinders Street Docklands ___________________________ Postcode 3008
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) ___________________________ to (completion date) ___________________________

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] attest that:

• the proposed driver has a current and valid Australian driver's licence relevant to the vehicle the proposed driver uses;
• the proposed driver is not disqualified or suspended from driving;
• the proposed 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 / /

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 / /

PARENT 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 / /