



# Skilled Capital Work Experience Placement Agreement

This form must be completed and signed by the student, Work Experience Placement (WEP) employer and registered training organisation (RTO) prior to the commencement of the WEP. The original of this completed Agreement is to be retained by the RTO and a copy given to the student and WEP employer.

<b>RTO Name</b>		<b>Student Name</b>	
Address		Address	
Contact		Phone	
Phone		Mobile	
Email		Email	

<b>Work Experience Placement Employer</b>			
Business Name		ABN	
Address			
Contact			
Phone		Mobile	
Email			
Industry			
Nature of Work			

<b>Work Experience Placement Details</b>			
Dates of WEP	From:	To:	No. of days: (not less than 5 and not more than 10 days)
Student role in the WEP			
Relevance of the WEP to the training the student is undertaking with the RTO			

<b>Emergency Contact</b>			
Name			
Phone		Mobile	

<p><b>Student</b></p> <ul style="list-style-type: none"> <li>I agree to attend the WEP with the above workplace on the agreed dates above.</li> <li>I will notify both the workplace supervisor and work placement coordinator if I am unable to attend on any of the days.</li> <li>I will perform my duties to the best of my ability and comply with all reasonable directions given by the work placement employer.</li> <li>My dress and behaviour will be in keeping with the accepted standards of the workplace.</li> <li>I will promptly tell my supervisor of any personal injury or damage to property that may involve me.</li> <li>I have read and understood the Skilled Capital Work Experience Placement Guidelines.</li> </ul> <p>Signature: _____ Date _____ (Student)</p> <p><b>If student is under 18</b></p> <p>I consent to _____ participating in the WEP as detailed above. I agree that he/she will comply with the conditions of placement and standards of the workplace</p> <p>Signature: _____ Date _____ (Signature of parent/guardian)</p>
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<p><b>Work Experience Placement Employer</b></p> <p>_____ agrees to accept _____ for a WEP on the agreed dates above.</p> <ul style="list-style-type: none"> <li>I understand my obligation of care for the student under Workplace, Health and Safety Acts.</li> <li>I agree to inform the student of safety requirements in this workplace.</li> <li>I agree to provide meaningful activities and appropriate direction and supervision.</li> <li>I agree to notify the RTO immediately of any incident involving the student, any actions undertaken and/or damages to property involving the student.</li> <li>I will not pay the student during this WEP.</li> <li>I agree to notify the RTO of any absences by the student.</li> <li>I have read and understood the Skilled Capital Work Experience Placement Guidelines.</li> </ul> <p>Signature: _____ Date _____ (Workplace Supervisor/Coordinator)</p>
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**Registered Training Organisation**

I agree to support \_\_\_\_\_ to undertake a WEP with the above workplace on the agreed dates above.

- I will ensure the participant is prepared for the WEP
- I will contact the WEP employer on the first day of the WEP to confirm the student's attendance.
- I will visit the student at the WEP once per five day period during the placement.
- I will gather feedback from both the student and WEP provider to evaluate the placement.
- I will notify the WEP employer if there are any changes to these arrangements.
- I have read and understood the Skilled Capital Work Experience Placement Guidelines.

Signature: \_\_\_\_\_  
(RTO)

Date \_\_\_\_\_