WORK EXPERIENCE
Expression of interest

STUDENT NAME:
HOW TO ORGANISE YOUR WORK EXPERIENCE

CHECK LIST

STEP 1

Work Experience Application Form
You and your parents must sign this form along
with details of your placement. This must be
returned to Mr Bowdell at least 2/3 weeks prior
to the suggested date.

APPROVAL FROM SCHOOL IS GIVEN WHEN:

STEP 2

The Teacher Permission Form is completed
Approval must be given by all your subject
teachers for your week of Work Experience.
If any teacher has concerns then
other dates can be negotiated with Mr Bowdell.

STEP 3

Employers Reply Form must be completed by the employer and
returned to Mr Bowdell.
* Please make sure that the employer also has a copy of the insurance details.
The Employer’s Reply Form can be arranged by yourself or your parents or Mr
Bowdell can contact the employer for you.

STEP 4

On arrival at the workplace students must take with them:

1. Medical Details Form ~ for employer purposes in case
   of an accident.

2. Employer Assessment Sheet.
   Please make every effort to get your assessment
   sheet completed by your employer. This can be a
   valuable addition to your portfolio.

Once you have returned to school, write a thank you letter (or send a
card) to your place of employment.
**WORK EXPERIENCE APPLICATION FORM**

**NOTE** - To be eligible to be involved with Work Experience this form needs to be completed and handed in to Mr Bowdell a minimum of two to three weeks prior to placement.

<table>
<thead>
<tr>
<th>NAME:__________________________</th>
<th>CARE GROUP: _________</th>
</tr>
</thead>
</table>

I wish to apply for Work Experience during:

<table>
<thead>
<tr>
<th>Week: ______ of Term ____ Dates: (inclusive) __________________________</th>
<th></th>
</tr>
</thead>
</table>

I realise that it is my responsibility to complete a Teacher Approval Form and catch up with any class work I miss during the above dates.

<table>
<thead>
<tr>
<th>Student Signature: __________________________________</th>
<th>Date: ____________</th>
</tr>
</thead>
</table>

**PLACEMENT DETAILS**

<table>
<thead>
<tr>
<th>NAME OF COMPANY/ORGANISATION/BUSINESS:</th>
<th></th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>ADDRESS:</th>
<th></th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>CONTACT PERSON:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PHONE:</th>
<th>FAX:</th>
</tr>
</thead>
</table>

**PARENTAL PERMISSION**

We/I have discussed this opportunity to complete Work Experience with

and agree to his/her participation on the dates and location indicated. I have read and understood the information over leaf regarding EDWA Insurance Policy regarding Work Experience.

I am aware that EDWA Insurance does not cover loss or damage to the student’s personal belongings.

<table>
<thead>
<tr>
<th>PARENT/GUARDIAN SIGNATURE: ________________________</th>
<th>DATE: ______</th>
</tr>
</thead>
</table>

**PERSON TO CONTACT IN CASE OF AN EMERGENCY**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone No:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th></th>
</tr>
</thead>
</table>


WORK EXPERIENCE-INSURANCE COVER FOR PARENTS GUARDIAN

The Education Department provides personal accident insurance cover for authorised Work Experience students. These student placements are not covered by Workers’ Compensation claims.

The Department’s policy covers medical expenses, including ancillary costs such as dental, chiropractic, chemist and ambulance expenses, for personal injury occurring during the Work Experience Placement period. This policy also covers direct travel between home and the Work Experience Placement site. The policy covers costs over and above what is paid by Medicare or the student’s private health insurance.

In the event of an accident, the student will be asked to complete a Work Experience accident insurance claim form. This form should be completed and sent to the school as soon as possible, together with a First Medical Certificate from the doctor who attended the student’s injury.

You should claim on Medicare or your private health insurance for medical bills.

If completing a Medicare form, tick the “NO” boxes for questions (a), (b), (c) and (d) in Section 6. This is because the Education Department’s policy does not compensate for what Medicare pays.

When Medicare issues the cheque for the doctor, send it to the doctor, together with the balance of the bill (the difference between the Medicare cover and the total cost of the bill).

To claim this money back from the Education Department, send the statement part of the Medicare cheque, together with the doctor’s receipt for the payment of the balance, to the Senior Clerk, Administrative Support Services Branch, at the Education Department of WA, 151 Royal Street, East Perth, 6004.

The State Government Insurance Commission, on approving the claim, will send you a cheque covering the difference between the Medicare/private health insurance cover and the total cost of the bills.

Where a doctor bulk bills, there is no cost to you, so it is not necessary to follow this procedure, except in the case of ancillary benefits such as chemist’s products.

All Greenwood College students on Work Experience are covered for the recover of the ‘gap’ in medical expenses by the Education Department of WA when the placement has been organised by the school.
**TEACHER PERMISSION FORM ~ WORK EXPERIENCE**

Student name: ___________________________ Care Group: _______

Dates requested for Work Experience
From: _________________ to: _______________________

Could you please indicate below if the student has your permission to do Work Experience.

It would be appreciated if you could also give the student the work that needs to be completed upon return.

Thank you

*Greg Bowdell*
Vocational Education Coordinator

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>TEACHER</th>
<th>TEACHER SIGNATURE</th>
<th>PERMISSION YES/NO</th>
<th>WORK TO BE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Group</td>
<td></td>
<td>Care Group Teacher notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENGLISH</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

NOTE ~ Work Experience cannot proceed unless this form is completed and returned to Mr Bowdell.
EMPLOYERS REPLY FORM

Thank you for showing an interest in our Work Experience program at Greenwood College. Below are details of the student that has contacted you for Work Experience.

<table>
<thead>
<tr>
<th>Student’s Name: ____________________________</th>
<th>Age: ____________</th>
<th>Year: ______________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: ____________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone No: ______________________</td>
<td>Parent’s Work no: ______________________</td>
<td></td>
</tr>
<tr>
<td>Work Experience dates requested ______________________ to ______________________ inclusive.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

We would appreciate it if you could fill out the necessary details below so that we can process the documentation required.

[ ] I am willing to accept the above named student on Work Experience.

[ ] I am unable to accept any students on Work Experience at the present time, but may be able to assist with the program at a later date.

[ ] I am unable to accept any students on Work Experience.

[ ] I require the student for an interview prior to Work Experience. (student to phone to arrange details upon receipt of this reply)

EMPLOYER DETAILS

<table>
<thead>
<tr>
<th>Name of Firm/Institution: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position offered to Student: __________________________</td>
</tr>
<tr>
<td>Contact Person: _____________________________________</td>
</tr>
<tr>
<td>Postal Address: ____________________________________</td>
</tr>
<tr>
<td>Telephone No: ___________________ Fax No: ___________</td>
</tr>
<tr>
<td>If location is different to postal address, please provide details:</td>
</tr>
<tr>
<td>If the student will be at a variety of locations, please give details: N/A</td>
</tr>
<tr>
<td>Daily start time: ___________________ Daily finish time:</td>
</tr>
<tr>
<td>Dress Requirements for students: _____________________</td>
</tr>
<tr>
<td>Any other relevant information: _______________________</td>
</tr>
</tbody>
</table>

NB - Insurance details from the Education Dept. are enclosed. Please sign to indicate that you are in agreement with the insurance conditions. __________________________ Signature

Students will bring a Medical Form and Assessment Sheet with them on the first day of their Work Experience.
The Education Department provides insurance cover for the duration of the student work placement. This cover applies to students who are on UNPAID work placement only. It covers the student’s medical expenses including dental, ambulance charges, and surgical appliances over and above what may be payable by Medicare or the student’s private medical health insurance.

Employers (and self employed persons) have a legal responsibility to ensure that their work and the work of their employees does not adversely affect the safety and health of non-employees, including any students undertaking work placement or work experience. The employer is expected to take the necessary action to protect the safety and health of these students. This may include showing them how to work safely, ensuring the workplace is safe, ensuring the students are not exposed to hazardous situations, and providing appropriate supervision.

**Accident Procedure**

If an accident occurs involving a student on work placement, then:

1. Normal arrangements for medical assistance must be made immediately. It is preferable to have the student attend a public hospital. NB: Students are NOT Workers' Compensation patients and should not be treated as such by the doctor.
2. Employers should notify parents and the school immediately.
3. A medical certificate must be issued by the doctor attending the student.

**Public Liability and Professional Indemnity Arrangements**

The Education Department of WA (EDWA) is a State Government agency and as such is subject to the policies and directives of the Western Australian Government.

In respect to Public Liability and Professional Indemnity Insurance, EDWA conforms with the Government directive which states that it will essentially self insure. EDWA funds liability claims from its own resources and thereby protects the students against their legal liability for personal injury or property damage to third parties.

The Insurance Commission of WA will manage claims on behalf of EDWA as required, in accordance with agreed arrangements.

The Department’s insurance policy does NOT cover accidental damage caused by the student.

Should you have any further queries please do not hesitate to contact Greg Bowdell on 9243 9213.
CONFIDENTIAL

MEDICAL REPORT FOR WORK EXPERIENCE

This confidential report is intended to assist the school, supervising teachers and employer in case of any emergency with your child. Please read the last section.

Student's name: .......................................................... Date of Birth ........../........./......
Parent's/Guardian's full name: ..........................................................
Address: ..............................................................................................
.............................................................................................. Postcode: ..................
Emergency telephone: After hours: .............................. Business Hours: ..................
Name of family doctor: ................................................. Phone No.: ..........................
Medicare No.: .......................................................... Contribution No.: ....................

Please tick if your child suffers from any of the following:
- Fits of any kind [ ]
- Travel sickness [ ]
- Dizzy spells [ ]
- Heat condition [ ]
- Black outs [ ]
- Asthma [ ]
- Migraine [ ]
- Other (please provide information) ..........................................................

Allergies to:
- Penicillin [ ]
- Other drugs (please provide adequate information) ........................................
- Any foods ...........................................................................................................
- Other allergies ....................................................................................................

What special care is recommended? ..........................................................

Tetanus immunisation
Last immunisation was on ........../........./19...... If over 10 years since last immunisation, please indicate if booster is to be arranged by parent/guardian before work experience. (Booster date ........../........./.........)

Tablets and medicines
Is your child presently taking tablets and/or medicine? Yes [ ] No[ ]
If YES, please state name of medicine and dosage ........................................

Arrangements for safe keeping and handling of medicines are to be made prior to the work experience.

Consent to medical attention:
I allow this information to be passed on to the work experience employer, and where not practical to communicate with me, I authorise the teacher in charge of the work experience to consent to my child receiving such medical treatment as may be considered necessary.

Signed: .......................................................... Parent/Guardian
Date: ........../........./......
**EMPLOYER ASSESSMENT SHEET**

The completion of this evaluation sheet will help to indicate the student's level of success whilst on Work Experience and enable the student to make decisions about future school courses and career planning.

**Student**

______________________________________________________________

**Employer** ______________________  **Industry Area** ______________________

**Date of Work Experience** ______________________ to ______________________

Please indicate the student's performance in the following aspects.

<table>
<thead>
<tr>
<th>Aspects</th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
<th>Unsatisfactory</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Courtesy</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>2. Punctuality</td>
<td></td>
<td></td>
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<tr>
<td>3. Presentation</td>
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<tr>
<td>4. Interest Shown</td>
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<tr>
<td>5. Initiative</td>
<td></td>
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<tr>
<td>6. Response to Advice</td>
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<tr>
<td>7. Working Unsupervised</td>
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</table>

Tasks Undertaken:

________________________________________________________________________

________________________________________________________________________

General Comments:

________________________________________________________________________

________________________________________________________________________

Signature: ____________________________  Position: ________________

Date: __________________________

Thank you for completing this form. Its prompt return would be appreciated.
WORK EXPERIENCE
ADVICE FOR STUDENTS

Ring the employer at least two weeks before you start work experience.

Find Out:
• Your start and finish times.
• Where to go in the building and who to ask for when you arrive?
• What you should wear?
• Whether there are any special items you may need?
• Should you take a packed lunch or buy it there?

First Day:
• Plan your journey to work:
  • Check bus/train times (departure and arrival).
  • Check how long it will take you to walk from the bus/train
  • If you are being driven to work, make sure you test how long it will take to
    get there at the time of day you start!!

Punctuality:
• Always be on time - arrive at least 5 minutes early each day.

Dress:
• Standard of dress is dependant on your area of Work Experience. Check with
  your employer as to what is required. Keep safety in mind. Remember that
  ‘first impressions are lasting impressions’.

Respect:
• Show respect for the people at your work experience - both in the way you
  speak and the way you act.

Willingness to work:
• Look for work - don’t stand around

Questions:
• Your Work Experience is designed for you to find out as much as possible
  about your selected area. Ask questions and observe tasks carried out.

Sick:
• If for any reason you can’t get to work on time - ring your employer then ring
  the school. You will need to supply the school with a note for any absence
  during Work Experience.

Conclusion:
• At the end of your Work Experience week, thank all the people who you have
  been associated with. Remember to write a thank-you letter.
Please remember

If you are concerned
about your working
conditions/environment
or
you are sick and unable
to attend work:

Ring Mr Bowdell
at school
Ph ~ 9243 9200
Mobile ~ 0407 983 711

Good luck on your placement!