Students undertake this program to obtain real life work experience in a field related to their studies. The Organisation has kindly agreed to host a student for a short period for the purposes of work experience. Work experience is only intended to be for a short time and the student will either always observe work undertaken or be supervised when undertaking work activities. As the student is intended to be the primary beneficiary of the arrangement, and the student will be supernumerary to the Organisation’s employees, work experience is unpaid.

*This form must be completed and returned, with all appropriate signatures, in order for any insurance cover to apply:*

**Industry Engagement Further information:**

**Tel: 03 9479 2518 http://www.latrobe.edu.au/insurance/volunteers**

**Email: d.micallef@latrobe.edu.au**

**DETAILS:** (Click in each shaded area in the table to enter text)

|  |  |  |
| --- | --- | --- |
| **Student details** | Name:  Student ID: | |
| **Student contact details** | Phone:  Email:  Address during placement:  Suburb: Postcode: | |
| **Organisation/ Workplace**  **contact details (where the student will be located)** | Organisation:  Supervisor:  Title:  Phone:  Fax:  Email:  Address:  Suburb: Postcode: | |
| **Types of activities to undertaken or observed** | Description of the activities: | |
| **Start dates/times** | Start date: End date: | |
| Total days: Daily start/finish times: | |
| **Maximum hours** | Work experience must not exceed 40 hours. | |
| **Safety in the Workplace** | The Organisation acknowledges that it has OH&S responsibilities towards the Student. | |
| As part of these responsibilities, the Organisation acknowledges that: | (check box to acknowledge) |
| * The Organisation confirms that it shall provide and maintain an environment for students whilst on placement that is, as far as is reasonably practicable, safe and without risks to health. The Organisation also agrees to notify the University of any safety related incidents affecting the student. |  |
| * It has a responsibility to abide by legal requirements regard bullying, discrimination and sexual harassment. |  |
| * It will provide the Student with an induction that includes any relevant workplace policies and procedures, the nature of the work environment, key hazards and risks and their mitigations, incident and accident reporting and support mechanisms. |  |
| **Privacy and Confidentiality** | * Both parties agree that in carrying out this Agreement they will comply with all applicable privacy legislation * The Organisation acknowledges that it is responsible for ensuring that the Student is fully aware of its rules and requirements regarding confidential information. | **** |
| **Organisation**  **Insurance** | Is the Organisation covered by Public and Products Liability Insurance to a minimum value of $10million? *(If no, please contact Industry Engagement on the contact details noted above).*  Please note the University may request a copy of the Organisation’s certificate of currency. |  |

|  |  |
| --- | --- |
| **University**  **Insurance** | The University will obtain and maintain Public and Products Liability Insurance; Professional Indemnity Insurance; and Personal Accident Insurance to cover its liabilities under this agreement. |
| **Indemnity by University** | The University agrees to indemnify and keep indemnified, the Organisation, its employees, and agents and each of them from and against any loss of or damage to property or injury to or death of any person and all actions, claims, demands, costs, losses or expenses of any nature whatsoever which may be brought or made or claimed against them or any of them arising from or in relation to negligence of any student or employee of the University in connection with activities related to this Agreement, except to the extent (if any) that the action, claim, demand, cost, loss, damage or expense is due to the negligence of the Organisation, its employees or agents. |
| **Special conditions (if any)** |  |

**To be completed by the Organisation:**

|  |  |
| --- | --- |
| **Execution by Organisation** | The Organisation confirms that, to the best of its knowledge, the above information is correct and agrees to the Work Experience taking place on the above terms and conditions.    Supervisor signature: Date: |

**To be completed by the University:**

|  |  |
| --- | --- |
| **Execution by University** | The University acknowledges that the Program as described above is being undertaken with the knowledge and consent of the University and it agrees to the above terms and conditions.  Lecturer/Course Coordinator name:  Phone:  Email:    Signature: Date: |

**To be completed by the Student:**

|  |  |
| --- | --- |
| **Acknowledgement by Student** | I confirm that I will abide by the Organisation’s workplace rules, including any confidentiality obligations of which I am made aware, and that while undertaking Work Experience, I am an ambassador of the University and subject to the University’s Statutes and policies and procedures:  Student signature: Date: |