Date: ______________

Dear Employer,

This letter is to introduce ___________________________ as a student participating in Norwest Christian College's Work Experience Program.

The program has been incorporated into the College's Futures Program and enables students to have first-hand experience of the actual working conditions in the area of his/her choice. We are seeking your help in placing this student. The program intends to provide students with some direction for important future choices they will make about tertiary study and career paths, and it is expected that students will benefit greatly from the program, particularly from the vocational and social opportunities which arise from their participation in work situations.

The following points will be of particular interest to employers considering participation in the program:

- Before the student commences, a school staff member may need to visit your business regarding WHS matters.
- All students participating will be covered by a Work Experience Insurance Policy.
- As the student is a volunteer worker no wages are payable.
- Students are not to be asked to operate any dangerous machinery, or equipment requiring extensive training.
- All fares and incidental costs are to be met by the student.
- The student will return to school immediately if requested by the employer, should their performance prove to be unsatisfactory.

I ask that you read the acknowledgement and consent form (attached) carefully. If you are prepared to accept this student, please complete the consent and acknowledgement form and return to the College in person, by email, by fax or via the applicant student.

During the program it is anticipated that a member of the College staff will contact the nominated supervisor of the student to monitor their progress. At the end of the program we would be pleased if you could complete a brief report on the student and again, return it by fax, email or give it to the student.

Should you have any further enquiries please do not hesitate to contact me at the College.

Thank you again for your contribution to this important program.

Yours sincerely,

Geraldine Paynter
Head of Secondary Years

Date of Placement: ____________________________________________

Student contact details: __________________________________________

Parent telephone contact details: __________________________________

T (02) 8889 4600 | F (02) 9627 4637 | W www.norwest.nsw.edu.au | E edadmin@nwcc.nsw.edu.au
I/We agree to offer the Work Experience Program outlined below.

Student Name: ________________________________________________________________

Occupation: __________________________________________________________________

Business Name: __________________________________________________________________

Name of Contact: __________________________________________________________________

Address of Workplace: __________________________________________________________________

Email: __________________________________________________________________

Contact phone: ____________________________ Mobile: ____________________________

Date of Placement: __________________________________________________________________

Will the student be travelling during their placement? Yes/ No

If yes, please nominate the place of work for this week (if known):

______________________________________________________________________________

Hours of work: ______________________ am until ______________________ pm

Appropriately trained and experienced members of our staff will provide supervision and support to the student during the placement.

______________________________________________________________________________

(name) ____________________________________________________________________ (position) will be primarily responsible for the supervision for the duration of this placement.

The Supervisor will contact the Work Experience Coordinator if the student is late or fails to attend for work.

Work Experience Position: __________________________________________________________________

______________________________________________________________________________

Summary of tasks student is likely to perform: __________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Special Instructions (eg clothing, footwear): __________________________________________________________________

______________________________________________________________________________
Occupational Health and Safety

My organisation:

1. Understands its legal responsibilities as an employer:
   a. for the health and safety of employees at our workplace/s and will act in accordance with those responsibilities.
   b. not to expose students to risks to their health and safety in our workplace/s.

2. Complies with Workplace Health and Safety laws and any other relevant codes of conduct or practice of the state in which the placement is conducted.

3. Understands that a student may lack any experience in the workplace and may be unaware of health and safety risks and my organisation will take appropriate measures to meet the specific WHS needs and requirements of students whilst they are in our workplace/s.

4. Will provide the student with any information, instruction and training necessary to ensure the student's health and safety in our workplace/s, including an OHS induction on the student's first day in our workplace/s.

5. Will provide a safe working environment and adequate facilities for the welfare of students at our workplace, in particular we have first aid facilities, fire wardens and emergency procedures for our workplace/s. The students will be advised of these facilities and procedures during the OHS induction on the student's first day in our workplace/s.

6. Has identified hazards in our workplace/s that could harm employees and students, assessed the risks of harm to employees and students of those hazards, and taken action to control and eliminate those hazards where possible.

7. Will familiarise ourselves with the student's identified special needs where applicable. We understand that the College will provide a record of such needs to my organisation prior to the placement.

8. Will not permit the student to undertake any activities requiring a licence, permit or certificate of competence unless they have the relevant current licence, permit or certificate and the activity is directly related to the outcomes of the placement.

9. Will supervise and instruct the student on how to use, store and maintain equipment /machinery and hazardous substances and provide protective clothing to the student where necessary.

10. Notify the College in advance if we are considering taking the student onto a building or construction site, or other high risk area.

Should the student accompany a member of our staff or other person in a motor vehicle as part of their placement tasks, the driver of the vehicle will hold a current NSW Driver’s Licence (as appropriate to the vehicle), and the vehicle will be currently registered, fully insured (compulsory third party and full comprehensive insurance) and roadworthy.

In the event that the student is injured or becomes ill at work, we will seek appropriate medical attention and contact the Work Experience coordinator (and the student’s parent/guardian) as soon as practicable after being notified of the injury or illness.

Child Protection

My organisation is not aware of anything in the personal background of a member of staff or other person, who will have close unsupervised contact with the student during their work placement, that would legally preclude that member of staff or other person from working with children.

We will contact the Work Experience Coordinator immediately if: an allegation is made against a member of staff or other persons of child abuse or sexual misconduct against the student or we become aware of any ill treatment of the student, act of violence that occurred in the student’s presence, act of violence toward the student or other occurrence that puts the student at risk.
**Anti-Discrimination**

My organisation complies with the Anti-Discrimination laws of the state in which the placement is conducted.

We understand the legal responsibilities of an employer for anti-discrimination at our workplace(s), and will act in accordance with those responsibilities.

We will contact the Work Experience Coordinator immediately if an allegation is made against a member of staff or other persons of discrimination against a student or an allegation is made of discrimination by a student.

**Circumstances**

If the circumstances of my organisation/business change prior to the student commencing the placement or during the placement, and we are no longer able to make the above acknowledgments, we will contact the Work Experience Coordinator on 8889 4600 to discuss the situation as soon as possible and, in the case of any change occurring prior to the student commencing the placement, before the student commences.

**Acknowledgement and Declaration**

I declare that I have read and understood the contents of this document and have the authority to make this commitment on behalf of this organisation.

Signature: ____________________________________________________________

Name (please print): ____________________________________________________

Position of Responsibility: _____________________________________________

Date: __________________________________________________________________