

**Section A: PLACEMENT DETAILS TO BE COMPLETED BY STUDENT**

Student name:		Year level:
Placement dates:	School: Moama Anglican Grammar	
Host Employer:		
Address:		
Phone:		

Section B: ACCOMODATION INFORMATION TO BE COMPLETED BY PARENTS

Accommodation has been arranged by:	Type of accommodation:	Accommodation is with:	Travel between workplace and accommodation:
<input type="checkbox"/> Parent/Carer <input type="checkbox"/> School <input type="checkbox"/> Host Employer	<input type="checkbox"/> Private home <input type="checkbox"/> Motel/Hotel <input type="checkbox"/> Dormitory <input type="checkbox"/> Other	<input type="checkbox"/> Family (relationship to student): _____ <input type="checkbox"/> Other	<input type="checkbox"/> Private car <input type="checkbox"/> Public Transport <input type="checkbox"/> Other
Accommodation address:			
Details of adult responsible for supervising the student at the overnight accommodation			
Name:			
Relationship to student:			
Phone/Mobile:			
DECLARATION BY PARENT/CARER			
Parent/Carer name:			
<input type="checkbox"/> I have spoken with the adult responsible for supervising my child at the overnight accommodation.			
<input type="checkbox"/> I am satisfied with the supervision arrangements			
<input type="checkbox"/> I approve of the overnight accommodation and travel arrangements			
<input type="checkbox"/> I understand that the insurance and indemnity provisions: <ul style="list-style-type: none">• apply to (daily) travel to and from the workplace• apply to activities undertaken under the supervision of the employer during working hours• ONLY apply to overnight accommodation which is provided and supervised by the employer as a NORMAL PROVISION OF THAT TYPE OF EMPLOYMENT.			
SIGNATURE:		DATE:	

Section C: TO BE COMPLETED WHEN HOST EMPLOYER PROVIDES ONSITE ACCOMMODATION

The school appreciates you volunteering to provide accommodation onsite for the student(s) undertaking workplace learning away from home. The placement provides exceptional educational outcomes that the student(s) might otherwise have not been able to access.

DECLARATION BY HOST EMPLOYER/ACCOMMODATION SUPERVISOR PROVIDING ACCOMMODATION ONSITE FOR THE STUDENT

Accommodation address: _____ Separate from the family home?
 Yes No

Phone number/s at accommodation: _____

Accommodation will be supervised by: Host Employer Employee

Relationship of accommodation supervisor to student: Family Not family

Overnight, the accommodation supervisor will be located at: _____

This is nearby to student? Yes No

I/we agree to provide safe and secure accommodation for the student and ensure that the student is not exposed to harm.

I/we am not aware of anything in the background of any staff member at this accommodation that would preclude our hosting the student during this placement.

As the host employer, I will make all employees at the accommodation aware of the above undertaking to ensure that the student is not exposed to harm.

Host employer signature: _____ **Date:** _____

Print name: _____

Accommodation supervisor (if not host employer) signature: _____

Print name: _____ **Position:** _____

Section D: TO BE COMPLETED BY SCHOOL

DECLARATION AND APPROVAL BY SCHOOL

THE PLACEMENT AS DOCUMENTED ON THE ATTACHED STUDENT PLACEMENT RECORD AND THE ACCOMMODATION ARRANGEMENTS ARE APPROVED

Name: _____

Position (Circle one): **Principal** **Career Advisor** **Other:** _____

School: Moama Anglican Grammar

Signature: _____ **Date:** _____