

Work experience placements for school students

Interstate/Territory Approval

Interstate/Territory Work Experience Approval (for QLD students being placed in NSW or NT)

Privacy Statement

The Department of Education and Training ('the Department') is collecting personal information on this form in order to make a work experience arrangement for a student under the *Education (Work Experience) Act 1996*. The personal information will only be used by authorised employees within the student's school or host school, the Department, and the nominated work experience provider for the purpose of organising and implementing the arrangement. The information may also be given to the Queensland Government Insurance Fund and WorkCover Queensland for the purpose of managing insurance coverage as required by the *Education (Work Experience) Act 1996 (Qld)*. Your information will not be given to any other person or agency unless you have given us permission or we are required by law to do so.

SECTION A: Home School

1. This section is to be completed by the home school and then sent to the relevant interstate work experience coordinator **at least three weeks prior to the placement date**.
2. Schools must not proceed with this placement until this form has been returned by the host State/Territory and consent given.

Placement details				
Student's name:		Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of birth:	/ /	Year Level:		
Out of school hours emergency telephone:		Contact person:		
Work experience provider's name:				
Address:				
Telephone:		Email:		
Industry/Occupation:				
Model of work experience: (please select one)	<input type="checkbox"/> Work sampling		<input type="checkbox"/> Structured work placement	
Reason for this placement:				
Dates of placement:		Number of days:		Hours of work:
Supervision required by host school:	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Home school				
Address:				
Work Experience Coordinator:				
Telephone:		Email:		
Principal's signature:			Date:	/ /

SECTION B: Host State/Territory

This section is to be completed by the host school work experience coordinator and a copy returned to the home school prior to the placement date.

Host School			
School name:			
Address:			
Work Experience Coordinator:			
Telephone:		Email:	
Approval of program:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Supervision arrangements:			
Supervisor's name:			
Telephone:		Email:	
Principal's signature:			Date: / /