

WESTERN SYDNEY UNIVERSITY



WORK EXPERIENCE AGREEMENT

PROVIDER DETAILS

Work experience provider: Western Sydney University

Address: _____

Telephone: _____ Fax: _____

School/Unit: _____

Supervisor: _____

Details of Placement(including work to be performed, start/end dates, hours of work, location etc.)

SCHOOL/TAFE DETAILS

Name: _____

Address: _____

Telephone: _____ Fax: _____

Contact: _____

STUDENT DETAILS

Name: _____ Year: _____

Emergency Contact: _____ Tel: _____

Relationship to Student: _____

1. WESTERN SYDNEY UNIVERSITY AGREES TO:

- 1.1. inform the Student of any particular safety requirements of the workplace;
- 1.2. provide the Student with appropriate supervision;
- 1.3. notify the School of any accident involving the Student or any actions undertaken and damages to property involving the Student during the work experience placement; and
- 1.4. notify the School of any unexplained absences by the Student during the work experience placement.

2. THE STUDENT AGREES TO:

- 2.1. attend the Placement for the full work experience period nominated on this form;
- 2.2. ensure that both the School/TAFE and the University will be notified in the event that the Student is unable to attend the workplace for any reason during the work experience period;
- 2.3. keep confidential any information of which the Student may become aware during the work experience placement;
- 2.4. ensure that the Student's dress and behaviour will be in keeping with the accepted standards of the University;
- 2.5. perform the Student's duties to the best of the Student's ability and comply with all reasonable directions given to the Student by the University; and
- 2.6. promptly tell the Student's supervisor of any personal injury or damage to property that may involve the student

3. THE SCHOOL/TAFE ACKNOWLEDGES AND AGREES:

- 3.1. that the Student is covered by the School/TAFE's workers compensation and other applicable insurance policies for the purposes of the Placement; and
- 3.2. to provide the University with a certificate of insurance in support of the acknowledgement and agreement in paragraph 3.1.

4. GENERAL TERMS AND CONDITIONS:

- 4.1. the Student will not receive payment for the work experience placement;
- 4.2. the Student is responsible for all costs associated with travelling to and from the work experience placement; and
- 4.3. the work experience placement may be terminated at any time by either the University or the School by providing one day's notice of termination.

SIGNED:

On behalf of the University **Name (Print)**

Date of signature: _____ **20**

On behalf of School/Tafe **Name (Print)**

Date of signature: _____ **20**

Student's Signature **Student's Name (Print)**

Date of signature: _____ **20**