Structured Workplace Learning
Travel and Accommodation Form

Education and Training Reform Act 2006 – Ministerial Order 55: Structured Workplace Learning Arrangements (Schools)

STUDENT DETAILS
Surname ____________________________ First Name ____________________________ Birth Date / / 

School Name and Address ____________________________ Postcode ____________________________ Telephone ____________________________ 

Structured Workplace Learning Coordinator ____________________________ Student Year Level ____________________________

IN CASE OF AN EMERGENCY, THE EMPLOYER SHOULD CONTACT THE STUDENT’S PARENT OR GUARDIAN AND THE STRUCTURED WORKPLACE LEARNING COORDINATOR:

Name (Parent/Guardian) ____________________________ Postcode ____________________________ 

Address ____________________________ Tel. (Home) ____________________________ (Work) ____________________________ (Mobile) ____________________________ 

Emergency contact (Name and Tel.) ____________________________

PRIVACY INFORMATION: The information provided on this form is for the administration of Structured Workplace Learning Arrangements only and is not to be used for any other purpose. This information must be kept confidential.

WORK PLACEMENT DETAILS
Employer (business) name ____________________________ Tel. ____________________________ Postcode ____________________________ 

Business address ____________________________ Employer email address ____________________________________________

Student’s work location address ____________________________ Postcode ____________________________ 

Workplace contact person ____________________________ Supervisor ____________________________

Structured Workplace Learning hours ____________________________ am / pm; on ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday from (commencement date) ____________________________ to (completion date) ____________________________ Total number of days ____________________________

TRAVEL WITH EMPLOYER

The following sections are to be completed only if the Student is required to undertake vehicle travel with the Employer and/or nominated Supervisor/s as part of this Arrangement.

EMPLOYER ACKNOWLEDGEMENT

I, ____________________________________ [name of individual, or on behalf of the employer if employer is an incorporated body] will ensure that, if the student is required to undertake travel:

• the driver has a current and valid Australian driver’s licence relevant to the vehicle the driver uses;
• the driver is not disqualified or suspended from driving;
• the driver is not subject to any other impediments to his/her ability to drive a motor or other vehicle (as relevant);
• the vehicle in which the Student is to be transported is comprehensively insured; and
• to the best of my knowledge the vehicle in which the Student is to be transported is roadworthy, safe for normal road use and suitable for the work-related purposes to which it will be put.

Signature ____________________________ Date / /

PARENT/GUARDIAN CONSENT (only required if the Student is aged under 18 years)

I, ____________________________________, consent to my child undertaking vehicle travel with the Employer and/or nominated Supervisor/s as part of this Arrangement.

Signature ____________________________________ ☐ Parent or ☐ Guardian Date / /

STUDENT CONSENT (only required if aged 18 years or over)

I, ____________________________________, consent to undertaking vehicle travel with the Employer and/or nominated Supervisor/s as part of this Arrangement.

Signature ____________________________________ Date / /
ACCOMMODATION ARRANGEMENTS

The following sections are to be completed only if the Student is required to stay at accommodation other than his or her normal place of residence for the purpose of this Arrangement.

ACCOMMODATION DETAILS

Who will the Student be staying with?

☐ Parent/guardian
☐ Other family member/s (e.g. grandparent, older sibling) – please specify __________________________
☐ Friends of the family
☐ Employer

Name of person responsible for supervising student at accommodation ___________________________________________

Accommodation address __________________________________________________________________________ Postcode ___________

Telephone: Business Hours ____________________________ After hours ___________________________ Length of stay _______________

Travel arrangements to and from the workplace ________________________________________________________________________________

PARENT/GUARDIAN CONSENT (only required if the Student is aged under 18 years)

I, ______________________________________________,

• consent to my child staying at accommodation other than his or her normal place of residence for the purposes of this Arrangement;
• confirm that the accommodation arrangements as outlined above are suitable; and
• understand that I am responsible for the control and care of my child at all times while they are not under the care and control of the Employer, or any other person.

Signature _____________________________ ☐ Parent or ☐ Guardian Date / /

STUDENT CONSENT (only required if aged 18 years or over)

I, ______________________________________________,

• consent to staying at accommodation other than my normal place of residence for the purposes of this Arrangement;
• confirm that the accommodation arrangements as outlined above are suitable; and
• understand that I am responsible for my control and care at all times while I am not under the care and control of the Employer, or any other person.

Signature _____________________________ Date / /