

Structured Workplace Learning Arrangement 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 _____
Student qualification: VCE Industry and Enterprise VCAL – Unit and code: _____
VET – Certificate name and code: _____

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

Name (Parent/Guardian) _____
Address _____ Postcode _____
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. Health information will be provided if the Student has a medical condition or requires medication that may be relevant to their placement. This information must be kept confidential.

