

## STUDENT AND SCHOOL/TAFE DETAILS

Student's Name \_\_\_\_\_ Year Level \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 School Name \_\_\_\_\_ TAFE Name \_\_\_\_\_  
 School/TAFE Contact \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

## PLACEMENT DETAILS

Employer (business) Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Student's work location address \_\_\_\_\_ Postcode \_\_\_\_\_  
 Student's supervisor at the workplace \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_  
 Dates of placement \_\_\_\_\_ Total number of days \_\_\_\_\_

**ROUTINE TRAVEL AS PART OF NORMAL ACTIVITIES**       **DAILY TRAVEL TO/FROM WORKPLACE**

**The following sections are to be completed if the student undertakes vehicle travel with the host employer and/or nominated supervisor/s as part of the proposed workplace learning arrangements.**

Taxi       Hire Car       Employer Vehicle       Employee Vehicle

Proposed driver \_\_\_\_\_ Position \_\_\_\_\_

Licence type \_\_\_\_\_ Length of time employed with the host employer \_\_\_\_\_

Will there be other employee/s travelling in the vehicle?       YES       NO      Changes from day to day

Date/s of proposed travel \_\_\_\_\_ Approximate departure time \_\_\_\_\_ return time \_\_\_\_\_

Travel is between \_\_\_\_\_ and \_\_\_\_\_

Purpose of travel if not routine or daily travel and site/s to be visited       N/A

## HOST EMPLOYER ACKNOWLEDGEMENT

I confirm that

- The proposed driver is licensed for the vehicle they will be driving and, if issued with a provisional licence, complies with relevant peer passenger conditions.
- The proposed driver is not disqualified or suspended from driving; and is not subject to any impediments to his/her ability to drive a motor vehicle or other vehicle (as relevant).
- The vehicle in which the student is to be transported is registered and covered by NSW compulsory third party insurance or interstate equivalent.
- 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 purpose to which it will be put.
- The number of passengers in the vehicle will not exceed the number of seatbelts.
- I am not aware of anything in the background of the proposed driver that would preclude them from working with a student. I have advised that good safety practice is for the student to travel in the back seat of the vehicle where possible.

Signature \_\_\_\_\_ Name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

## STUDENT CONSENT

I consent to undertaking vehicle travel with the host employer and/or nominated supervisor/s as part of the workplace learning arrangements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PARENT/GUARDIAN CONSENT (required if student is aged under 18 years)

I consent to my child undertaking vehicle travel detailed above with the host employer and/or nominated supervisor/s as part of the workplace learning arrangements. I understand my child is covered under the Catholic Education Commission's insurance arrangements for this travel and notwithstanding that cover, my child is also covered under the provisions of the Motor Traffic Accident legislation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## SCHOOL CONSENT

I consent to the student undertaking vehicle travel with the host employer and/or nominated supervisor as part of the workplace learning arrangements.

Signature \_\_\_\_\_ Name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_