Work Experience Agreement

EXAMPLE FORM

(Use of this form is not required; it is a sample that may be adapted as needed)

SCHOOL NAME:
STUDENT NAME:
Reason for work placement/learning goals:
EMPLOYER:
Workplace address (physical):
Contact person:
Phone:
Unit/Achievement Standards to be delivered (number, title, credit value) / detail of other assessment method(s) if applicable:
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Proposed Duration in Workplace:
From: To:
Timetabled for: Mon Tues Wed Thurs Fri Hours:
Timetabled for Piori fues vved find s firstouls

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EMPLOYER (CONTINUED):
Details of supervision of student:
Process for early termination of work placement:
STUDENT DECLARATION:
I agree to the learning plan outlined above and agree that I will comply with both school and workplace rules while undertaking work experience.
Student signature:
EMPLOYER DECLARATION:
I agree that [insert student name] will undertake work experience at my organisation as outlined above.
Employer signature:
Employer name:
PARENT/CAREGIVER CONSENT: (required if student is less than 16 years old)
l agree to [insert student name] carrying out work
experience as outlined above.
Parent/Caregiver signature:
Name:

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