

*Year 11/12*

## **Student Work Placement Journal**

Student: \_\_\_\_\_

School / TAFE NSW Campus: \_\_\_\_\_

School / TAFE NSW Campus Contact Phone No: \_\_\_\_\_

Course Teacher: \_\_\_\_\_

Host Employer: \_\_\_\_\_

Host Employer Address: \_\_\_\_\_

Dates: \_\_\_\_\_

### **NOTES TO STUDENT**

- *Complete your time sheet each day and have your supervisor sign.*
- *Complete your journal entries every day.*
- *Ensure your workplace supervisor completes and signs your evaluation form.*
- *Return this booklet to your teacher on your return to school.*

# ATTENTION: STUDENT

## WORK PLACEMENT CHECKLIST

**Please tick if you have:**

	<b>Telephoned the employer/supervisor before starting the workplacement.</b>
	<b>Interview date and time:</b> Date: _____ Time: _____ Place: _____ Contact Person: _____
	<b>The relevant forms and information to be passed on to the employer ie: Student Placement Record.</b>

**Please complete details**

The name of your employer	
The name of the person you are to contact	
The address and telephone number of the employer	
How will you get to and from work?	
If travelling by public transport, do you have current timetables?	
How long will it take you to get to your work placement?	
The length of your work placement	
The hours you must work and the meal breaks you will take	
Special clothing/equipment requirements	
The procedures in the event of an accident in the workplace	
Access to shops/canteen for meals	
The school/teacher contact phone number in case a problem arises	
List the materials/information you need to take with you on your first day	

# EXPECTATIONS OF STUDENTS

## You will be expected to:

- Have your Student Placement Record signed by the relevant people, including your employer.
- Attend the workplace on the designated days
- Notify the **workplace & the school / TAFE NSW campus** if you are late, unable to attend or experiencing difficulties
- Be punctual, both on arrival and after breaks
- Show interest in the work and have a positive attitude
- Dress appropriately for the workplace
- Behave appropriately at all times
- Apply your knowledge and skills as an entry level worker
- Follow occupational health and safety requirements
- Take care of your employer's property
- Follow instructions and accept suggestions
- Ask for help as required
- Follow the routine of the workplace
- Keep personal problems at home
- Keep track of your progress by **completing your journal entries**
- Arrange a time to discuss your progress with your workplace supervisor
- Thank the workplace supervision and staff at the end of your work placement.  
NB: Host employers are not paid. Their time has contributed to your education, skill development and work readiness.

## Employers have requested that students:

- Switch off mobile telephones during work time
- Discourage friends from attending the workplace.

I understand that while I am on work placement I am representing my school and am expected to behave in a professional manner at all times.

***FAILURE TO COMPLY WITH THESE CONDITIONS MAY RESULT IN STUDENTS BEING SENT BACK TO SCHOOL.***

*NB No changes to work placement arrangements will be made in the 2 weeks prior to placement except under extreme circumstances.*

# **ATTENTION: Workplace Supervisor**

## **INDUSTRY INDUCTION / ORIENTATION**

It is expected that each student will be given an induction or orientation to their particular industry work placement upon arrival, or prior to attending their work placement. As a minimum, the following should be included:

**Note: Supervisor to tick each activity when completed, then sign below.**

<input type="checkbox"/>	Demonstrate the activities undertaken by the organisation
<input type="checkbox"/>	Outline the management structure of the organisation
<input type="checkbox"/>	Discuss work behaviour requirements and expectations
<input type="checkbox"/>	Explain the dress standards applicable to the job and workplace
<input type="checkbox"/>	Demonstrate the safety requirements applicable to the job and workplace
<input type="checkbox"/>	Discuss relevant procedures in case of accident, emergencies, evacuation etc.
<input type="checkbox"/>	Show location of facilities, such as toilets, change room, kitchen or staff areas, etc.
<input type="checkbox"/>	Explain start and finish times, work breaks, work routines, etc.
<input type="checkbox"/>	Outline procedures to follow in the event of non-attendance
<input type="checkbox"/>	Introduce to staff with whom the student will be working
<input type="checkbox"/>	Show who to talk to regarding any problems

This induction / orientation will help to ensure the safety of the student, as well as assist them to make a quick and efficient transition into the workplace environment.

Industry induction / orientation completed:

**Supervisor Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Date of Induction / Orientation:** \_\_\_\_\_

# STUDENT WORK PLACEMENT JOURNAL

Day: \_\_\_\_\_

Date: \_\_\_\_\_

Start time: \_\_\_\_\_

Finish Time: \_\_\_\_\_

Equipment Used:

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Tasks Completed:

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New Skills Learnt:

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How Could I Improve?

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Supervisor's Signature: \_\_\_\_\_

Hours Worked: \_\_\_\_\_

# STUDENT WORK PLACEMENT JOURNAL

Day: \_\_\_\_\_

Date: \_\_\_\_\_

Start time: \_\_\_\_\_

Finish Time: \_\_\_\_\_

Equipment Used:

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Tasks Completed:

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New Skills Learnt:

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How Could I Improve?

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Supervisor's Signature: \_\_\_\_\_

Hours Worked: \_\_\_\_\_

# STUDENT WORK PLACEMENT JOURNAL

Day: \_\_\_\_\_

Date: \_\_\_\_\_

Start time: \_\_\_\_\_

Finish Time: \_\_\_\_\_

Equipment Used:

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Tasks Completed:

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New Skills Learnt:

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How Could I Improve?

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Supervisor's Signature: \_\_\_\_\_

Hours Worked: \_\_\_\_\_

# STUDENT WORK PLACEMENT JOURNAL

Day: \_\_\_\_\_

Date: \_\_\_\_\_

Start time: \_\_\_\_\_

Finish Time: \_\_\_\_\_

Equipment Used:

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Tasks Completed:

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New Skills Learnt:

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How Could I Improve?

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Supervisor's Signature: \_\_\_\_\_

Hours Worked: \_\_\_\_\_

# STUDENT WORK PLACEMENT JOURNAL

Day: \_\_\_\_\_

Date: \_\_\_\_\_

Start time: \_\_\_\_\_

Finish Time: \_\_\_\_\_

Equipment Used:

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Tasks Completed:

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New Skills Learnt:

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How Could I Improve?

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Supervisor's Signature: \_\_\_\_\_

Hours Worked: \_\_\_\_\_

# WORK PLACEMENT TIMESHEET

**Student Name:** \_\_\_\_\_

**Organisation Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

## Record of Work Placement Hours

Date	Start Time	Finish Time	Lunch	Total Hours	Supervisor Signature
<i>Eg. 22.3.04</i>	<i>9.00am</i>	<i>5.00pm</i>	<i>1 hour</i>	<i>7 hours</i>	
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2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
<b>Total hours completed:</b>			<b>Supervisor Signature:</b>		