



# FORM A Accommodation Away From Home

(For internal School/TAFE use)

Page 1/2

For use in conjunction with the Student Placement Record, and where relevant with Form A1 or Form A2.

Also for use with interstate placements.

Student's Name:	Year: (e.g. 10)	School /TAFE:	Host Business:
-----------------	-----------------	---------------	----------------

Host business/employer address: \_\_\_\_\_

State: \_\_\_\_\_

Placement dates: \_\_\_\_\_

## Overnight Accommodation (to be completed by parent/carer)

Has the overnight accommodation been privately arranged by the parent/carer? **Yes / No**

If not privately arranged, is the school or TAFE NSW Institute arranging the accommodation eg through a billeting program or with a host employer on, or adjacent to the worksite? **Yes / No**

Is the accommodation in another state or territory? **Yes / No**

Please indicate who the accommodation is with and the type of proposed accommodation by ticking the appropriate boxes below:

- With parent/carer
- With other family member/s e.g. aunt, older sister
- With friends of the family
- With a billeting family
- With host employer

Type of accommodation

- Private home
- Motel
- Other: \_\_\_\_\_

Name of adult responsible for supervising the student at the overnight accommodation:

\_\_\_\_\_

Phone no: ( ) \_\_\_\_\_ Relationship to student: \_\_\_\_\_

How will the student get to and from the workplace from the overnight accommodation?

\_\_\_\_\_

I **have / have not** (strike out whichever is not applicable) spoken with the person responsible for supervising my young person at the overnight accommodation.

I **am / am not** (strike out whichever is not applicable) satisfied with the supervision arrangements.

I **approve** of the overnight accommodation for the student, and the proposed travel arrangements.

I **understand** that the insurance and indemnity provisions:

- apply to (daily) travel to and from the workplace
- apply to activities undertaken under the supervision of the employer during working hours
- apply **ONLY** to overnight accommodation which is provided and supervised by the employer as a **NORMAL PROVISION OF THAT TYPE OF EMPLOYMENT**

Parent/carer name (please print): \_\_\_\_\_

Parent/carer signature: \_\_\_\_\_ Date: \_\_\_\_\_



# FORM A Accommodation Away From Home

(For Internal School/TAFE use)

Page 2/2

For use in conjunction with the Student Placement Record, and where relevant with Form A1 or Form A2.

Also for use with interstate placements.

Student's name:	Year: (e.g. 10)	School /TAFE:	Host business:
-----------------	-----------------	---------------	----------------

## Placement information (to be completed by School/TAFE NSW Institute)

Please outline the reasons for the placement, including the educational value of the experience and the lack of opportunity in the local community:

---



---



---

What pre-placement contact with the host workplace/employer has taken place by the school/TAFE NSW Institute? Document or attach and include brief details of key areas covered in relation to the student.

---



---



---

## ONLY FOR PLACEMENTS INVOLVING A BILLETING PROGRAM

1. **FORM A1** is completed and attached to this **FORM A** prior to consideration for Special Approval below. **Yes / No**

## ONLY FOR PLACEMENTS INVOLVING overnight accommodation located on or adjacent to the host workplace and arranged by the school or TAFE NSW Institute

1. **FORM A2** is completed and attached to this **FORM A** prior to consideration for Special Approval below. **Yes / No**

2. What contact with the host workplace/employer and student's supervisor at the overnight accommodation has taken place? Document or attach and include brief details of key areas covered in relation to the student, their safety overnight and relevant information about any other persons with whom the student will share the accommodation quarters.

---



---



---



---



---

## FOR ALL PLACEMENTS INVOLVING ACCOMMODATION AWAY FROM HOME

This student has completed suitable preparatory activities that include information on things that can go wrong, strategies for keeping themselves safe, and emergency contact arrangements.

**Yes / No**

WE/WP Coordinator name: \_\_\_\_\_

WE/WP Coordinator signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Special approval (to be completed by School Principal/TAFE NSW Institute Manager)

The student placement, as documented on the attached Student Placement Record, this Form A and, where required, attached Form A1 or Form A2 (see above) is **approved / not approved**.

Principal/TAFE NSW College manager name: \_\_\_\_\_

Principal/TAFE NSW College manager signature: \_\_\_\_\_ Date: \_\_\_\_\_