**Work Experience Proposal Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Course Code: |   | Course Examiner: |   |
| Course Name |   | Phone Number: |   |

The administrative process used to approve a work experience placement is outlined in Figure 1. Please take the time to review it. ***Students must allow up to two weeks to complete the steps in this process before the student receives approval to commence the placement.***



**Note:** Students cannot commence their placement until formal notification approving the placement has been sent by USQ to the Student and Host Organisation.

USQ is collecting your personal information to assess the suitability of the placement for professional work experience. The University is bound by the [Information Privacy Act 2009](https://www.legislation.qld.gov.au/Acts_SLs/Acts_SL.htm) (Qld) and will protect your personal information in accordance with the Privacy Principles. These principles govern how USQ collects, uses, holds and discloses your personal information. More information on privacy can be obtained from [www.usq.edu.au/privacy](http://www.usq.edu.au/privacy).

# Work Experience Proposal Details

# Student Participant Details

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |   | Student Number: |   |
| Address: |   |
| Phone: |   | Mobile: |   |
| Email: |   |  |  |  |
| Program of Study and Major: |   |

# Host Organisation Details

|  |  |
| --- | --- |
| Organisation Name: |   |
| Organisational Contact: |   |
| Organisation Address: |   |
| Telephone: |   |
| Website: |   |
| Proposed Supervisor’s Name: |   |  Position: |   |
| Proposed Supervisor’s Email: |   |
| Placement is: | Paid: [ ]  Unpaid: [ ]   |
| Existing Employee of Organisation: | Yes: [ ]  No: [ ]   |
| Dates of Placement: | Commence:  | Finish:  |
| Days and hours of attendance each week: |   | \*\*Total days/hours:  |
| *\*\*Please refer to the Course Specification for the total number of days/hours required to satisfy course requirements* |

# Provide a brief outline of the key duties, tasks, or specific activity to be undertaken during the professional work experience placement.

# Provide a brief outline of the anticipated outcomes and deliverables as a result of your placement (attachments can be included if required).

# Identify how the placement is expected to address the course objectives (as listed in the Course Specification) in relation to your major area of study.

# Student Declaration

As the student participating in this professional work experience placement, I have read the information below and agree that I will:

* Maintain the expectations and responsibilities of a student as outlined in the [USQ Student Expectations and Responsibilities Policy](http://policy.usq.edu.au/documents.php?id=13446PL);
* Behave in a professional manner at all times and endeavour to complete to the best of my ability the duties, tasks, activities and objectives as outlined by the Host;
* Maintain confidentiality and respect the privacy of information if exposed to sensitive and confidential information;
* Treat any personal or confidential information I encounter while undertaking the professional work experience activities as private and confidential, and not to disclose or use the information for my own personal purposes. I will abide by the [Privacy Act 1988](https://www.comlaw.gov.au/Series/C2004A03712) (Cth) or [Information Privacy Act 2009](https://www.legislation.qld.gov.au/Acts_SLs/Acts_SL.htm) (Qld) as relevant;
* I confirm that I am fit for this placement and able to complete the requirements of this placement. (If there are any concerns, these must be discussed with the Course Examiner prior to signing this proposal.);
* Comply with the Organisation’s dress code and ensure that I meet any additional licencing requirements;
* Attend workplace induction and adhere to all workplace health and safety regulations; and
* Alert the University through the Course Examiner or appropriate contact personnel should any matters arise.

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Participant:** | Click here to enter text. |  | Date:  |

 **Print Name Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| **Witnessed by Host Organisation Representative:** |   |  | Date:  |

 **Print Name Signature**

**Host Reference:** Click here to enter text.

**USQ Office Use:**

Not approved [ ]  Reason ­­­­­­­­­­­­­­­­­­­­­­­­

**Paid** Placement - Approved [ ]  Date: ­­­­­­­­­­­­­­­­­­­­­­­­

**Unpaid** Placement - In Principle Approval [ ]  Date: ­­­­­­­­­­­­­­­­­­­­­­­­

Is there an existing Contract [ ] Yes QContracts Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ] No USQ provides Student Placement Contract to student
 for Host Organisation to sign and student to return.

|  |  |  |
| --- | --- | --- |
| **Approver of Placement** |  |  |

 **Print Name Signature**

Form Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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