

Application For 2023 Work Experience Taronga Western Plains Zoo

Please complete digitally, if possible. This is a fillable PDF and can be electronically signed.

Electronic correspondence will be the main channel of communication. If this form is handwritten, please ensure ALL email addresses are written legibly with no spelling errors.

To avoid Taronga Zoo emails ending up in SPAM or JUNK mail, please add us as a trusted sender.

Student Details

Student Name: _____ Email: _____

Grade (2023) - 10 ☐ Yr11 ☐ Yr12 ☐

Does the student have a medical condition, disability or learning and support need? NO ☐ YES ☐ _____

If yes, completion of additional mandatory paperwork may be required.

Careers Advisor Details

Careers Advisor Name: _____ Email: _____

Please tick if you would like to be kept up to date with Zoo Education newsletters and current events ☐

School Details

School Name: _____ Phone: _____

DoE ☐ Catholic Systemic ☐ AIS ☐

Placement Date Options

Schools must endorse the dates selected, as dates cannot be changed once allocated. Nominate your date preferences below AND/OR tick the box if you are available any week during school terms.

Week 1: From _____ to _____ OR
Week 2: From _____ to _____ AND/OR

I can attend any time during NSW DoE term dates ☐

For students with a diagnosed phobia, please indicate an animal that you wish to avoid: _____

☐ (Student) I have **NOT** previously completed work experience at Taronga Zoo or Taronga Western Plains Zoo

Signed: _____
(Student signature)

(Date)

☐ (Careers Advisor) I understand that only **ONE** application from my school (to be selected by the school) will be submitted for a work experience position. I understand that this application does not automatically confirm a placement for my student. The student and I will be notified in due course via email as to whether the application has been successful. I undertake to supply a Certificate of Currency evidencing current personal accident and public liability cover for the applicant student at least one week prior to the placement commencing (not required for Department of Education schools).

Career Adviser signed: _____
(Date)

Closing Date: Friday 3rd March, 2023 *or when the program reaches capacity. Please check <https://taronga.org.au/get-involved/school-work-experience/dubbo> prior to submission.

Please email completed application form to twpzeducation@zoo.nsw.gov.au, using

(Insert Student Name) 2023 Work Experience Application as the email subject.

Privacy Notice: Personal and sensitive information provided in this form and in relation to the student placement will be treated in accordance with Taronga's Privacy Statement: see <https://taronga.org.au/about/privacy>

Student Placement Record

The student placement record must be completed and signed by the student, host employer, parent or carer and school before workplace learning can start. A completed copy must be provided to the host employer, parent or carer and student. **The original is to be held by the school.**

Section 1: Student information

Student's name _____ School _____ Year (e.g. 10, 11) _____

Date of birth _____ Student's mobile number _____

Email _____ Medicare number _____

Provide details of **any** medical conditions or medication required e.g. severe asthma, type 1 diabetes, epilepsy, anaphylaxis or other severe allergy.

If more space is needed, please attach the information.

Student to complete all preparation activities before attending placement.

Student to read and sign declaration below.

When on workplace learning I will:

- *Carry my student safety and emergency contact card*
- *Inform the school and the host employer if I am unable to attend the placement*
- *Follow all reasonable directions and will not share host business or personal information with others*
- *Work safely and only in areas that I am allowed*
- *Stop work if I feel unsafe and report any issues or accidents to my supervisor and school as soon as possible*
- *Not use my mobile phone for any reason without permission*
- *Contact school or my emergency contact if I feel unsafe or have any concerns*

Student signature _____ Date _____

Section 2: School details

School _____ Address _____

Contact number _____ Nominated contact _____

Contact position _____ Contact number _____

The school undertakes to ensure that:

- the student has been prepared for the workplace prior to the placement
- contact during business hours has been provided
- the host employer has been provided a copy of The Workplace Learning Guide for Employers
- student's parents/caregivers have been provided a copy of The Workplace Learning Guide for Parents and Carers.

Section 3: Host employer details

If more space is needed please attach the information.

Host Business Taronga Conservation Society Australia

Contact person Work Experience Coordinator

Address Obley Road, Dubbo, NSW, 2830

Position Zoo Support Officer

Provide details of workplace learning location if different to the address above

Contact number 02 6881 1433

Mobile N/A

Email twpzeducation@zoo.nsw.gov.au

Website www.taronga.org.au

Type of industry Animal Care

Main activity Zoo Keeping, Animal Care

Approx. years in current operation 106

Approx. number of employees 520

✓ Tick if you have hosted students for work experience or work placement in the last 12 months

Tick if you require contact from the school or student prior to placement commencement

Supervision and student hours

Name of experienced supervisor, must not to be a trainee or apprentice: Zoo Support Officer

Position Work Experience Coordinator

Contact number 02 6881 1433

Start date _____ Finish date _____ Total number of days 5 Total hours 37.5hrs

Students start time 8am Finish time between 3 - 4pm Breaks approx. 10am & 12:30pm

Activities and risk management

Please note: These sections cannot be left blank

Please provide detailed responses to the following questions. This section details any risks, how they will be managed and assists the school to manage their duty of care and satisfy your workplace obligations.

For more information see: [Completion of the student placement record to meet the department's standards](#).

For a list of activities that students are **not to undertake**.

Select the link: [Prohibited activities and activities that need special consideration](#)

List the activities to be undertaken by the student.

Animal care, food preparation, cleaning enclosures, raking and other general duties

List activities that the student is **not to undertake**. This includes no-go areas, specific machinery and equipment that is dangerous for new or young workers. Please note an extensive risk assessment must be completed for horse riding and the use of farm vehicles.

No work near or with dangerous animals

List any risks to the student in planned activities, please be specific. This includes manual handling, exposure to sun, chemicals, fumes, repetitive strain injuries and the use of dangerous tools or equipment.

Exposure to sun, slip or trips on steep paths and walkways, bites or scratches from non-lethal animals, transmission of communicable diseases e.g. Covid-19

How will the listed risks be eliminated or controlled, e.g. WHS induction first day, close supervision.

Providing a WHS general induction and safety briefing, including Covid-safe induction on first day of placement as well as divisional specific orientation

List any special conditions such as clothing, footwear, pre-training, vaccinations or transport.

Students must wear closed in, sturdy shoes, name badges (supplied), appropriate clothing, sun protection and a face mask.

Host employer to read the following declaration and sign the document.

- I have read the [Workplace Learning Guide for Employers](#) and am aware of my rights and responsibilities and the need to provide a safe and positive work environment for the student.
- I will provide planned learning and skill development activities appropriate for the student under the supervision of myself or a capable and trustworthy employee (not apprentice/trainee) briefed for the task..
- I confirm that the activities assigned are suitable for the student and that WHS risks have been assessed and managed in accordance with the Work Health and Safety Act 2011 (NSW).
- I will check any health care concerns with the student and ensure they and their supervisor know what to do in the case of an emergency i.e. where the student will keep their medication or adrenaline auto-injector-EpiPen.
- I will consult and cooperate with the school and will notify the school immediately of any health and safety incidents involving a student while on placement, including near misses.
- I will see that the student is first provided with a site-specific workplace induction and then with the appropriate information, instruction, training, supervision (and personal protective equipment where needed) throughout the placement.
- I acknowledge that the student will not be paid during the placement and will notify the school if the student is ill, injured, absent without explanation or behaving inappropriately.
- I will notify the school immediately if I need to change sites or find asbestos on the site.
- I am not aware of anything in the background of any staff member or other person who will have close contact with the student that would preclude that staff member or person from working with children.
- I will provide access to first aid, toilet facilities and drinking water.
- I have informed employees of their responsibilities when working with children and young people.
- I am aware of the specific restrictions and prohibited activities for students and will ensure students are not asked to carry out any of these activities.
- I agree to all the above statements.
- By signing this section you are confirming your workplace is following NSW Health COVID-19 safe guidelines, including a COVID-19 safety plan (or relevant state or territory COVID safety plans).

Date 29/9/2022

Print name Jessica Mountford

Signature



Privacy notice - for all parties

The information provided by students, parents/carers and host employers is obtained for the purpose of coordinating a workplace learning opportunity for the school student. The NSW Department of Education will use the information to meet student health, duty of care and child protection responsibilities and to support the information needs of the student, host employer and the parent/caregiver. The Work Placement Service Provider might access information related to HSC VET work placements but only with the approval of the principal. Providing this information is voluntary. However, if you do not provide any of the information requested then the student may not be able to undertake the planned workplace learning. The information you provide will be stored securely and kept for a minimum of two years where there is no further action relating to the placement. The information will only be disclosed for purposes directly related to the purpose for which it is collected. You may correct any personal information by contacting the student's school.

Confidentiality Agreement - Student Declaration

The student must read and sign this with their parent/caregiver.

Confidentiality of Information

All information gained through your role as a Student concerning the TCSA's operations, business, intellectual property, financial records, and/or employee information, whether obtained directly or indirectly, is to be regarded as confidential. Such information as may be received shall be treated in a strictly professional and confidential manner and not discussed outside the confines of the specific work area, or external to the TCSA.

Release of Information

In your role as a school work experience student, you are not authorised to release information and/or communicate directly with the Office of the Minister for the Environment, government agencies or representatives, the media, and other third parties. In all instances, requests to release information and/or discuss issues related to the TCSA are to be directed to the Education Manager.

Restrictions on Use of Imagery

The following restrictions apply to photographic images and video material taken at Taronga and Taronga Western Plains Zoos by TCSA employees and associates (Volunteers, Zoo Friends, School Work Experience and Taronga Training Institute Students).

Specifically, School Work Experience students may not without prior approval from Taronga supervisors:

- Seek to sell or derive a profit from any imagery taken at the zoos.
- Commercially exploit the imagery in any way.
- Send or distribute images to any third parties or external agencies.
- Publish images in any way.
- Take photographs or video of any behind-the-scenes work areas of the Zoo without permission/approval.

I understand and accept the terms and conditions of this Confidentiality Agreement

Signature of parent/caregiver

Date

Signature of student

Section 4: Parent/caregiver permission

Name _____ Relation to student _____

Contact number _____ Work phone _____ Contact after normal business hours _____

N/A - Tick if the placement includes out of normal business hours.

If ticked, please respond to either 1 or 2 below:

1. Years 11 - 12: I agree to be the contact for the student in the event of an emergency or:

I nominate _____ contact number _____ to be the reliable contact out of normal business hours. Their relationship to my child is _____ and they have accepted this responsibility.

2. Years 9 - 10: Contact arrangements must be negotiated with the principal by the parent/caregiver and student. The arrangements are:

_____ I have provided evidence of vaccination compliance as required by host employer. *(For information contact school)*

I understand if the student is diagnosed as being at risk of anaphylaxis, I will provide an adrenaline auto-injector for the student for the placement.

The student has a current ASCIA Action Plan or individual health care plan and I consent to a copy being provided by the school to host employer eg. health care plan or cover sheet.

If the placement includes **overnight accommodation away from home**, I understand this will need special approval and additional documentation provided to the school.

I have read [The Workplace Learning Guide for Parents/Carers](#) and understand my role and responsibilities.

I will immediately notify the school if I have any concerns and the school will follow up.

I am aware of the contents of the Privacy Notice on Pages 1 and 7.

By signing I consent to the student undertaking the placement outlined on this student placement record.

Signature of parent/caregiver

Date

Signature of student (if over 18)

Section 5: School approval of the placement

- The school will report any student incidents within 24 hours including near misses, in accordance with the Incident Reporting Policy and Procedures.
- Documentation of medical information, vaccinations, support or adjustments will be provided and shared with the host employer. If the student is diagnosed as being at risk of anaphylaxis, the school has confirmed that the parent or carer has provided an adrenaline auto-injector to the student.
- The school has provided a copy of the student's current ASCIA Action Plan or health care plan cover sheet to the host employer as per parent/carers consent (see above).
- General construction induction card (white card) has been sighted where applicable.
- Where the placement involves accommodation away from home, relevant documentation is completed and attached.
- The school has contacted the host employer where applicable.
- Arrangements are in place for a teacher to phone or visit the student or host employer to check on the progress of the placement.

I am satisfied that all the above have been completed and all parts of this student placement record are complete and signed as required and the placement is suitable for this student.

| | | | |
|---------------------------------------|-------------------|-------------|-----------------------------------|
| _____ | _____ | _____ | _____ |
| Signature of principal/nominee | Print name | Date | Nominee position in school |