

Application For Work Experience Taronga Zoo 2021 Supplementary Form



Electronic correspondence will be the main channel of communication, so please ensure ALL email addresses are correct and legible. 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 (2021) - 10 Yr11 Yr12 Male Female Indigenous

Does the student have a medical condition, disability or learning and support need? NO YES _____
(please specify)

Careers Adviser Details

Careers Adviser 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 OR tick the box if you are available any week during school terms.

Week 1: From _____ to _____ OR

Week 2: From _____ to _____ OR

I can attend any time during NSW DoE term dates

Divisional Choice

Successful students are allocated a division for the week, number your top four preferences in the list below. Please note that we attempt to place you based on your preferences but this is not always possible.

Australian Mammals		Guest Services/Education *		Marine Mammals**
Australian and Farm Animals		Birds		Reptiles and Amphibians
Horticulture*				

*Non-Animal Related Placement

** Must be able to swim to work in this division, please tick box to confirm

NB: For students with a recognised phobia, please indicate the animal division that you wish to avoid: _____

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

Signed: _____
(Student)

(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 at TARONGA ZOO. 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 DOE Schools).

Career Adviser Signed: _____

Date of application: _____

Closing Date: 29th February, 2021. Please **SCAN** completed application form to: vocedtz@zoo.nsw.gov.au, using **Work Experience Application 2021** 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

- HSC VET work placement VET course name _____ Work experience
- Accommodation away from home is required.

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

Date of birth _____ Student's mobile number _____

Email _____ Medicare number _____

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

Provide details of any support or adjustments to make the placement successful. _____

If more space is needed, please attach the information. Student to read and sign declaration.

- I have completed all preparation activities before attending placement.**

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/carers 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 Zoo Sydney Contact person Work Experience Coordinator

Address Bradley's Head Road, Mosman, NSW, 2088 Position Senior Education Officer

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

Contact number 9932 4378 Mobile NA

Email vocedtz@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 104 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 Senior Education Officer

Position Work Experience Coordinator Contact number 9932 4378

Start date _____ Finish date _____ Total number of days _____ Total hours _____

Students start time 8am Finish time 3-4pm Break 12pm If one day per week list day _____

For split shifts: Shift 1 start time _____ finish time _____ Shift 2 start time _____ finish time _____

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 sleep 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, eg. 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).

Host employer signature *Alexandra Heagney* Date 7/10/2020

Print name Alexandra Heagney

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.

Section 4: Parent/carer permission

Name _____ Relation to student _____
 Contact number _____ Work phone _____ Contact after normal business hours _____

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/carer 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.

The placement includes **overnight accommodation away from home**. I understand this will need special approval and additional documentation.

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 Page 3.

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

Signature of parent/carer

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. See check box page 2.
- 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