## **Work Experience Application 2020**

## **Taronga Western Plains Zoo**

All correspondence will use your email address. Please ensure the email address supplied is clear, correct and are regularly used by you or a family member.

Student Details	,					
Student Name:		Mc	bile P	hone:		
					☐ Male	Year 10 11 or 12
Student Email:		DOB: _	/	/		(circle)
Careers Advisor Detail						
Careers Advisor Name:					— Section 3 of the "I forms will be sent	
Careers Advisor Email:					address	to this ciria
Medical Details						
Does the student have a med	dical condition, allergy, disability or learning and su	upport n	eed?	□ NO	☐ YES	
					(Please sp	ecify)
School Details						
School Phone:		_ 🗆 🗆 🗈	DEC	□ Cath	nolic 🗆 AIS	
Placement Date Options						
It is very important th	nat the school approves dates selected – once placed	l you will	be un	able to	change your date.	
1 <sup>st</sup> Preference Date	to _					2020
2 <sup>nd</sup> Preference Date	to					2020
Optio	onal   I can attend any time during the year (during	g NSW Do	E Ter	m Date	es)	
	Important information Application S	Submissio	n			
	ronga Conservation Australia Work Experience selection pa Taronga Zoo Sydney or Taronga Western Plains 2 Ivised to apply for their preferred site only. Any duplicate s	Zoo Dubbo	).	•	•	
Careers Advisor – Students	Suitability – please complete the below two question	ns hones	tly.			
Please explain why this stu	ident would be suitable for Work Experience at Tarc	onga Wes	tern l	Plains Z		
Please comment on your s	tudent's ability to take initiative and their verbal co	mmunica	ition s	SKIIIS:		
1						J.

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Student Place	cement Rec	ord			by the school est employer	Copy 2: for the parent or caregiver Copy 3: for the student
Student's name:						
School:			Host bu	siness:		
Tick more than one if applice ☐ HSC VET work placeme		rience		] Other		☐ Accommodation away from home
Section 1: Student p Start date Starting time Tick where relevant Shift details (times/locatio	Finish date Finishing time	Total numb			Related course/activity Student's total hours	Hospitality
Host employer on-site add	dress		Contact portion of the contact points of the			Mobile
Student details  Year (eg 10,11)			Date of bir	rth		
Student's mobile no.		1	Medicare	no		
Details below (or attached severe allergy), disability,						e 1 diabetes, epilepsy, anaphylaxis or other
Please tick where applica I am at risk of an anaphylac The host employer requires The placement includes out If yes, name of student's en	tic reaction and will carry a evidence of vaccination co of normal business hours,	eg 6-9pm	Yes [ Yes [	eg EpiPen □ No □ No		CIA Action Plan.
Parent/caregiver/other			Hom	e phone		
Mobile			Worl	c phone (if	relevant)	
I know who to contact in  I will inform both the host am unable to attend the lam aware of my rights a lam aware of the conten lam lam aware of the content lam aware	a Student Safety & Emergence case of emergency. the employer & my teacher as soo workplace. and responsibilities. ts of the Privacy Notice on Pag onable directions of the host er unsafe during the placement, I report the issue, as soon as por the placement to business or pe ential, I will not pass on that inf	on as possible if I  ge 3.  mployer & their  have the right to ssible.  rsonal information		without the I will inform will inform t I understand will not und of myself or I know I mu I understand	permission from the my supervisor imnhe school within 24 d and will follow the ertake unauthorize others. (Revised) st contact my school d that there are no es to my school, the	e to record conversations, video, or take photos e host employer or supervisor. nediately of any injury or accident that involves met hours. (Revised) e safety requirements for the host workplace and d works or activities that may jeopardise the safety oil if I have any concerns about my placement. negative consequences to me in reporting health e host employer or to my parent(s) /caregiver(s).

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Section 2: School details					
School	Email				
Address	School phone				
Address	number				
School's nominated contact during normal business	Front office hours				
hours					
Contact's position	Contact phone/mobile				
The school undertakes to ensure that:  the student is prepared for the workplace to optimise the student's safety and achievement during their placement the employer is provided with a copy of <i>The Workplace Learning Guide for Employers</i> the student's parents or caregivers are provided with a copy of <i>The Workplace Learning Guide for Parents and Caregivers</i> If the placement involves accommodation away from home, additional preparation occurs and relevant documentation is completed & attached the travel form is completed, where relevant any adjustments required by the student have been discussed with the student, their parent/caregiver and the employer					
Student's name:					
School:	Host business:				
Section 3: Host employer details (This first section	on may be completed by the student)				
Name of organisation or trading name Taronga Western Plants	,				
Address Obley Road	Contact person Work Experience Coordinator				
Dubbo NSW	Position Zoo Support Officer				
Postcode	2830 Phone 6881 1433				
Email twpzeducation@zoo.nsw.gov.au	Mobile				
website www.taronga.org.au	Fax				
Location of placement (if different from above address)					
Request is for: ☐ HSC VET work placement or ☐ Work e	xperience or				
	portant information about the proposed placement. If more space is manage their duty of care to the student and your responses will help keep a file copy as a guide for any future placements. Thank you.  Main activity  Zoo Keeping, Animal Care				
Approx. no. of years in current operation 42	Approx. no. of employees at proposed worksite 150				
☐ Private enterprise	☐ Self-employed ☐ Other				
☐ Tick only if you have hosted school students for work experience or	work placement in the last 12 months.				
Supervision and student hours  Name of the experienced employee who will provide on-going supervisi					
Student's start time 8:00am Finishing time 3-4pm Lunch	break 12pm Total hours 37.5 hrs				
	e day per week Split shifts				
Shift details and location Divisional precincts, on the group	unds of Taronga Western Plains Zoo Dubbo				

Please note: there are a number of hazardous activities which are prohibited for students undertaking placements. These are listed at:

Prohibited activities and activities that need special consideration

Description of the proposed placement - in detail

See <u>Completion of the Student Placement Record to meet the Department's standards</u>



Activities/duties to be undertaken by student Animal care, food preparation, cleaning enclosures, raking and other general duties Any activities or tasks the student is not to undertake eg no-go areas, machinery or equipment that is too dangerous for new or young workers to operate. Please be specific. No work near or with dangerous animals Indicate any risks to the student in the planned activities eg manual handling, repetitive activities, exposure to sun, chemicals, fumes, use of particular tools or equipment, proposed horse riding or use of farm vehicles. Please be specific. Exposure to sun, slip or trips on steep paths and walkways, bites or scratches from non-lethal animals How will those risks be eliminated or controlled? Please be specific. Eg WHS Induction on Day 1 WHS general induction on first day of placement as well as divisional specific orientation Special conditions eg clothing, footwear, equipment, pre-training, vaccinations, transport, multiple sites, routine car travel or individual student needs. Students must wear closed in, sturdy shoes, name badges (supplied), appropriate clothing and sun protection Student's name: **Host business:** School: Please tick if these are available to the Essential: Suitable toilet □ Drinking water facilities student:

☐ Please tick this box if you wish the student's school to contact you prior to the placement eg to provide you with information about the student such as their experience, skill level, any adjustment required, or for you to discuss aspects of the student's safety in the workplace.

□ Lunch room

☐ Staff canteen

□ Lockers

Other:

### Section 3: Host employer details (continued)

### Host employer/workplace supervisor to complete the following declaration:

- I have read <u>The Workplace Learning Guide for Employers</u> and am aware of the host employer's rights and responsibilities outlined in it and the need to provide a safe and positive environment for the student, free from harassment and discrimination.
- ☑ I will provide planned learning and skill development activities appropriate for the student under the supervision of myself or a capable and trustworthy employee 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 requirements of the Work Health and Safety Act 2011 (NSW) and Completion of the Student Placement Record to meet the department's standards.
- I will check any health care concerns with the student and ensure they and their supervisor knows what to do in the case of a medical event i.e. where the student will keep their medication, eg an 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, to enable the Department of Education to fulfil its WHS obligations.
- 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 in relation to the placement.
- ☑ I 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, redirect students to another location or find asbestos on the site.
- I have read and understood the special responsibilities associated with working with children and young people as detailed in the section related to child protection on page 9 in <u>The Workplace Learning Guide for Employers</u>. I understand students must report incidents to their school
- 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 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. (New)

Signature of host employer/workplace supervisor

23/09/2019

Date

Print name Position

Jaime Mackay Zoo Support Officer

### Privacy notice - for all parties

The information provided by students, parents/caregivers 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.

## Taronga Western Plains Zoo Work Experience 2020

Stud	lent's name:					
Scho	ool:		Host b	ousiness:		
Sect	tion 4: Parent/careg	giver permission (Mus	st be completed f	or students aged u	nder 18 years)	
Nan	ne		Relation to stude	ent		
Add	dress		Mobile	Wc	ork phone	
(optio	ional)		Home phone	Me	edicare no.	
		Postcode	Contact phone n	umber after normal busin	less hours	
Ema	ail					
	I have read the <u>Addition</u> I will immediately notify	lace Learning Guide for Pare nal Information for Parents ar the school if I have any cond ints of the Privacy Notice on I	nd Carers including the erns and the school w	insurance and indemnity	•	ed on Page 2
		ncludes out of normal bus	iness hours eg 6-9pn	n		
1.		evant: I agree to make my	yself available as a cor	ntact for the student after	normal business hours in	n the event of an
	I nominate	on telephone	e	to be the willing and i	reliable contact out of no	rmal business hours
	Their relationship to my	child is		and they have accept	ted these responsibilities	
2.	Years 9-10: contact arra	angements must be negotiate	ed with the Principal by	y the parent/caregiver and	d student. The arrangement	ents are:
The	workplace requires evide	ence of vaccination compliant	ce. 🗆 No 🗀 Y	es (Please ring the scho	ool for more information)	
	· · · · · · · · · · · · · · · · · · ·	he following medication, med		•	·	or other severe
					es, epilepsy, altapitylaxis	or $\square$ N
		rning and support need that			- ( . 10	OI 🔲 IV
	if so what support or ad	ljustment do you think the stu	ident will need to make	their placement success	stui ?	
Lun	derstand that if the studer	nt is diagnosed as being at ri	sk of ananhylaxis. I wil	I provide an adrenaline a	If more space is needed, ple	
		CIA Action Plan or individual	' '	Yes No	are injected to are stade	piacomon
I co	nsent to a copy being pro	vided by the school to host e	mployer eg health care	e plan cover sheet	☐ Yes ☐ No	
		oice includes <b>overnight acc</b> ed special approval and add		om home.		
П	I consent to the student Year		ing the placement outli	ined on this Student Place	ement Record	
	. 54.		ge placee		o	
Sigi	nature of parent/caregiv	rer Da	ate		11-12: signature/date of ad ormal business hours conta	
				parent to be the alter he	and such see hours come	

### Section 5: School approval of the placement

- The student has been prepared for the workplace by the school to optimise the student's safety and achievement during their placement.
- The placement is supported according to the department's Workplace Learning Policy.
- The school will report incidents affecting the safety of students, including near misses, while undertaking workplace learning in accordance with the department's Incident Reporting Policy and Procedures. In accordance with the policy, incidents must be reported as soon as possible but within 24 hours.
- The student has been issued with a personal Student Safety and Emergency Contact Card and trained how to use it.
- If medical information, support or adjustments are to be provided this has been shared with the host employer. If the student is diagnosed as being at risk of anaphylaxis, the school has confirmed that the parent or caregiver has provided an adrenaline auto-injector to the student for the placement.
- The school has provided a copy of the student's current ASCIA Action Plan or health care plan cover sheet to the host employer and has discussed it with them. Tick: ☐ N/A ☐ Yes ☐ No
- Where the placement mandates a general construction induction training card/white card, it has been sighted.
- Where the placement involves accommodation away from home, relevant documentation is completed and attached.
- Where the employer has been asked to be contacted, the employer has/has not been contacted by phone/visit. See check box page 3.
- Arrangements are in place for a teacher to conduct a supervisory visit or phone call to the employer and student to check on their program and safety.

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

Signature of Principal/Nominee Print name Date Nominee position in school

Selection Criteria on the following page of this document must be completed

All applications MUST be posted to the address below by <u>FRIDAY THE 6<sup>TH</sup> OF DECEMBER</u> (applications submitted via email will NOT be accepted)

Taronga Western Plains Zoo-Education Centre PO Box 831 Dubbo NSW 2830

## **Work Experience Selection Criteria**

Below are five questions which required to be answered  $\underline{\textbf{by students}}$  as part of our selection process.

Are you studying any subjects or courses that have a focus on animals. If yes please specify.
The you staying any subjects of courses that have a focus on animals. In yes preuse specify
List any extracurricular activities or volunteering opportunities that you undertake
Eg - Team Sports, debating public speaking, SRC, environment club, Duke of Edinburgh, soup kitchen, Youth at the Zoo
Describe your future career aspirations in the animal industry.
Describe the work ethic and communication skills you have acquired through school, part time work, volunteering or other work experience.
Describe the experience you have caring for animals.