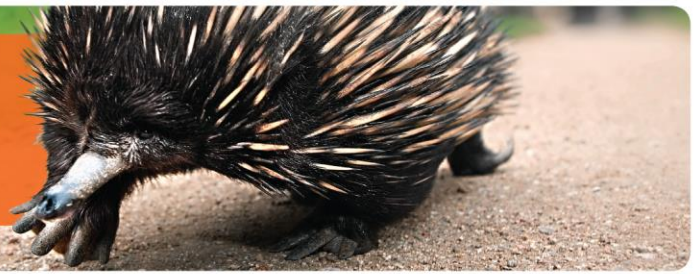


Taronga Western Plains Zoo

Work Experience 2019



Work Experience Application 2019

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: _____ Mobile Phone: _____

Student Email: _____ DOB: ____ / ____ / ____ Male Female Year 10 11 or 12 (circle)

Careers Advisor Details

Careers Advisor Name: _____

Careers Advisor Email: _____

Section 3 of the "Host Employer" forms will be sent to this email address

School Details

School Name: _____ Suburb: _____

School Phone: _____ DEC Catholic AIS

Placement Date Options

It is very important that the school approves dates selected – once placed you will be unable to change your date.

1st Preference Date _____ to _____ 2018

2nd Preference Date _____ to _____ 2018

Optional I can attend any time during the year (during NSW DoE Term Dates)

Important information Application Submission

Please be aware that Taronga Conservation Australia Work Experience selection panel will only accept one Application for either Taronga Zoo Sydney or Taronga Western Plains Zoo Dubbo. Students are advised to apply for their preferred site only. Any duplicate submission will void your application.

Careers Advisor – Students Suitability – please complete the below two questions honestly.

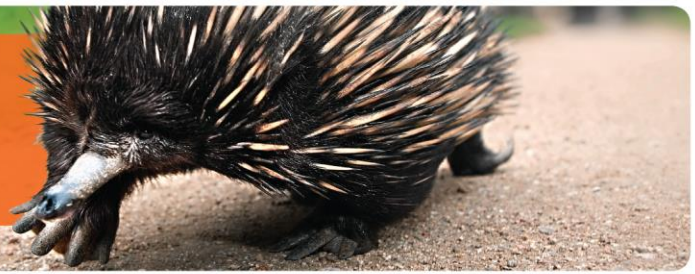
Please explain why this student would be suitable for Work Experience at Taronga Western Plains Zoo:

Please comment on your student's ability to take initiative and their verbal communication skills:

Selection Criteria on page 5 of this document must be completed.

Taronga Western Plains Zoo

Work Experience 2019



Please ensure you have read the **Information for Work Experience** document before completing this application.

Student Placement Record		<ul style="list-style-type: none"> • Original to be held by the school • Copy 1: for the student 	<ul style="list-style-type: none"> • Copy 2: for host employer • Copy 3: for the parent or carer
Students Name:	School:	Host Business: Taronga Western Plains Zoo, Dubbo	

Tick more than one if applicable:

- HSC VET placement
 Work Experience
 Other
 Accommodation away from home

Section 1: Student placement summary

Start date	<u>Refer to confirmation</u>	Finish date	<u>Refer to confirmation</u>	Total No. of days	<u>5</u>	Related course/activity	<u>Work Experience</u>
Students starting time	<u>Refer to confirmation</u>	Finish time	<u>Refer to confirmation</u>	Lunch break	<u>Refer to confirmation</u>	Students total hours	<u>37.5</u>

Tick where relevant:
 Block
 One day per week
 Split Shifts

Details/Location between split shifts: N/A

Host employer 'onsite' address Obley Road
 Contact person Kallie Hickling
Dubbo NSW 2830
 Phone 02 6881 1433
 Mobile N/A
 Email wpzedcentre@zoo.nsw.gov.au

Student Details

Year (eg 10,11) _____ Date of Birth _____
 Students mobile no. _____ Medicare no. _____

Details below (or attached) of any adjustment, medication or medical condition (e.g. severe asthma, type 1 diabetes, epilepsy, anaphylaxis or other severe allergy), disability, learning and support need or factors the school or employer should know:

Please tick where applicable:

I am at risk of an anaphylactic reaction and will carry an adrenaline auto-injector, e.g. EpiPen and current ASCIA Action plan. Yes No

The host employer requires evidence of vaccination compliance. (NEW) Yes No

The placement includes out of normal business hours, e.g. 6-9pm Yes No

If yes, name of students emergency contact out of normal business hours N/A

Parent/carer/other _____ Home Ph _____

Mobile _____ Work Ph (if relevant) _____

I have completed all pre-placement activities.
 I am aware of my rights and responsibilities.
 I understand my responsibilities during the placement to support work health and safety in the host workplace. I know I must not do anything to jeopardise the safety of myself or others.
 I understand that if I feel unsafe during the placement I have the right to not undertake the task and report the issue, as soon as possible.
 I understand that there are no negative consequences to me in reporting health and safety issues to my school, the host employer or to my parent(s)/carers.
 I know I must contact my school if I have any concerns about my placement.
 I will inform both the host employer and my teacher as soon as possible if I am unable to attend the workplace.

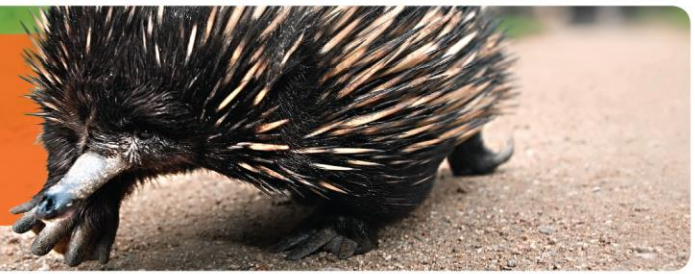
I know who to contact in case of emergency.
 I am aware of the contents of the Privacy Notice on Page 3.
 If I have access during the placement to business or personal information which is private and confidential, I will not convey that information to any person outside the host employer's workplace.
 I will comply with all reasonable directions of the host employer and their employees.
 I will not use any mobile device to record conversations, video or take photos without the permission from the host employer or supervisor.
 I will inform my supervisor and the school promptly of any injury or accident that involves me.

Student signature: _____



Taronga Western Plains Zoo

Work Experience 2019



Date: _____

Students Name: _____	School: _____	Host Business: Taronga Western Plains Zoo, Dubbo
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Section 2: School details

School _____ Email _____
 _____ School phone number _____
 Address _____ Front office hours _____

 _____ **Schools nominated** _____
 _____ **contact, position and** _____
 _____ **phone/mobile details** _____
 _____ **during normal business hours** _____

- The school undertakes to ensure that:
- the student is prepared for the workplace to optimise the students safety and achievement during their placement
 - the employer is provided with a copy of *The Workplace Learning Guide for Employers*
 - the students parents or carers are provided with a copy of *The Workplace Learning Guide for Parents and Carers*
 - if the placement involves accommodation away from home, additional preparation occurs and relevant documentation is completed and attached
 - the travel form is completed, where relevant. (NEW)

Section 4: Parent/carer permission (must be completed for students aged under 18 years)

Name _____ Relation to student _____
 Address (optional) _____ Mobile _____ Work Phone _____
 _____ Home Phone _____ Medicare no. _____
 _____ Postcode _____ Contact phone number for normal business hours _____
 Email _____

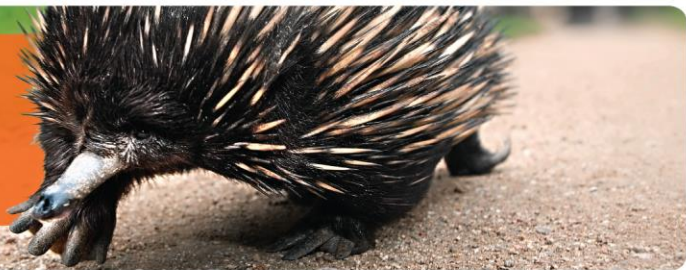
- I have read *The Workplace Learning Guide for Parents and Carers* and understand my role and responsibilities. Additional information for Parents and carers is available at: <https://www.det.nsw.edu.au/vetinschools/worklearn/worklearnpolicy.html>
 - I will immediately notify the school if I have any concerns and the school will follow up and action.
 - I am aware of the contents of the Privacy Notice on Page 3.
 - Tick if the placement includes out of normal business hours e.g. 6-9pm.
If ticked, please respond to either 1 or 2 below:
1. **Years 11-12:** Where relevant: I agree to make myself available as a contact for my child after normal business hours in the event of an emergency **OR** I nominate _____ on telephone _____ to be the willing and reliable contact out of business hours.
Their relationship to my child is _____ and have accepted these responsibilities.
 2. **Years 9-10:** contact arrangements must be negotiated with the Principal by the parent/carer and student. The arrangements are: _____

The workplace requires evidence of vaccination compliance Yes No (please contact the school for more information)

Tick if my child has the following medication, medical condition (e.g. asthma, type 1 diabetes, epilepsy, anaphylaxis or other severe allergy), disability or learning and support need that may affect their safety during the placement. Details: _____ **or** N/A

If so what support or adjustment do you think your child will need to make their placement successful? _____
If more space is needed, please attach the information

I understand that if my child is diagnosed as being at risk of anaphylaxis, I will provide an adrenaline auto-injector for my child for the placement.
 My child has a current ASCIA Action Plan or individual health care plan YES NO
 I consent to a copy being provided by the school to the host employer e.g. health care plan cover sheet YES NO



Students Name:	School:	Host Business: Taronga Western Plains Zoo, Dubbo
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Tick if the placement choice includes **overnight accommodation away from home**. I understand this will need special approval and additional documentation.

I consent to my child in Year _____ Undertaking the placement outlined on this Student Placement Record

Signature of parent/carer

Date

Where relevant: Years 11-12: signature/date of adult approved by the parent to be after the normal business hours contract

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 and Associated Documents and Forms*.
 - 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 carer has provided an adrenaline auto-injector for their child 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. (NEW)
 - Where the placement involves accommodation away from home, relevant documentation is completed and attached.
 - Where the employer has asked to be contacted, the employer has/has not been contacted by phone/visit. See tick box is shaded area, top of page 3 (section 3 will be sent if placement has been accepted).
- I am satisfied that all of the above has 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 _____

Date _____

Print Name _____

Nominee Position in School _____



Work Experience Selection Criteria

Below are five questions which required to be answered **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.

**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.