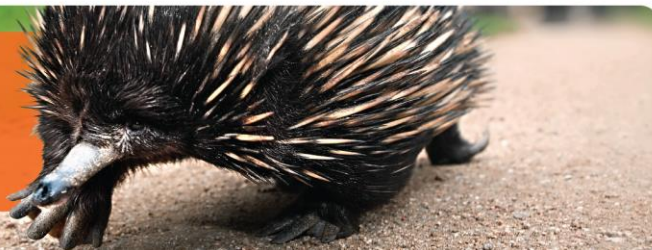


Taronga Western Plains Zoo

Work Experience 2020



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: _____ 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 _____ 2020

2nd Preference Date _____ to _____ 2020

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.

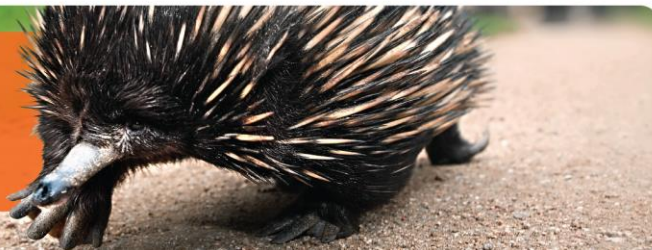
Careers Advisor – Students Suitability – please complete the below two questions honestly.

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:

Taronga Western Plains Zoo

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Selection Criteria on page 8 of this document must be completed



Student Placement Record

☐ Original to be held by the school
☐ Copy 1: for the host employer

☐ Copy 2: for the parent or caregiver
☐ Copy 3: for the student

Student's name: _____

School: _____ Host business: _____

Tick more than one if applicable

☐ HSC VET work placement ☒ Work experience ☐ Other ☐ Accommodation away from home

Section 1: Student placement summary

Start date _____	Finish date _____	Total number of days _____	Related course/activity _____
Starting time _____	Finishing time _____	Lunch break _____	Student's total hours _____
Tick where relevant	<input checked="" type="checkbox"/> Block	<input type="checkbox"/> One day per week	<input type="checkbox"/> Split shifts eg Hospitality
Shift details (times/location) _____			
Host employer on-site address _____		Contact person _____	
_____		Phone _____	Mobile _____
_____		Email _____	_____

Student details

Year (eg 10,11) _____ Date of birth _____

Student's mobile no. _____ Medicare no. _____

Details below (or attached) of any adjustment, medication or medical condition (eg 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, eg EpiPen and relevant ASCIA Action Plan. ☐ Yes ☐ No

The host employer requires evidence of vaccination compliance. ☐ Yes ☐ No

The placement includes out of normal business hours, eg 6-9pm ☐ Yes ☐ No

If yes, name of student's emergency contact out of normal business hours _____

Parent/caregiver/other _____ Home phone _____

Mobile _____ Work phone (if relevant) _____

- ☐ I have completed all pre-placement activities.
- ☐ I have been issued with a **Student Safety & Emergency Contact Card**.
- ☐ I know who to contact in case of emergency.
- ☐ I will inform both the host employer & my teacher as soon as possible if I am unable to attend the workplace.
- ☐ I am aware of my rights and responsibilities.
- ☐ I am aware of the contents of the Privacy Notice on Page 3.
- ☐ I will comply with all reasonable directions of the host employer & their employees.
- ☐ I understand that if I feel unsafe during the placement, I have the right to not undertake the task & report the issue, as soon as possible.
- ☐ If I have access during the placement to business or personal information which is private or confidential, I will not pass on that information to any person outside the host employer's workplace.

- ☐ 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 immediately of any injury or accident that involves me will inform the school within 24 hours. *(Revised)*
- ☐ I understand and will follow the safety requirements for the host workplace and will not undertake unauthorized works or activities that may jeopardise the safety of myself or others. *(Revised)*
- ☐ I know I must contact my school if I have any concerns about my placement.
- ☐ I understand that there are no negative consequences to me in reporting health safety issues to my school, the host employer or to my parent(s) /caregiver(s).

Student signature _____

Date _____

Taronga Western Plains Zoo

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Section 2: School details

School	_____	Email	_____
Address	_____	School phone number	_____
	_____	Front office hours	_____
School's nominated contact during normal business 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 *The Workplace Learning Guide for Employers*
- ☐ the student's parents or caregivers are provided with a copy of *The Workplace Learning Guide for Parents and Caregivers*
- ☐ 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 may be completed by the student)

Name of organisation or trading name	Taronga Western Plains Zoo Australia		
Address	Obley Road Dubbo NSW	Contact person	Work Experience Coordinator
	Postcode 2830	Position	Zoo Support Officer
Email	twpzeducation@zoo.nsw.gov.au	Phone	6881 1433
Website	www.taronga.org.au	Mobile	_____
		Fax	_____
Location of placement (if different from above address) _____			
Request is for: <input type="checkbox"/> HSC VET work placement or <input checked="" type="checkbox"/> Work experience or <input type="checkbox"/> Other _____			

Dear Host Employer:

Please complete all the following responses to give the school important information about the proposed placement. If more space is needed please attach the information. This will assist the school to manage their duty of care to the student and your responses will help you satisfy your relevant workplace obligations. You may wish to keep a file copy as a guide for any future placements. Thank you.

Overview

Type of industry	Animal Care	Main activity	Zoo Keeping, Animal Care
Approx. no. of years in current operation	42	Approx. no. of employees at proposed worksite	150
<input checked="" type="checkbox"/> Government enterprise	<input type="checkbox"/> Private enterprise	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> 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 supervision. The supervisor would not be a trainee or an apprentice.			
Supervisor's name	Jaime Mackay	Position	Zoo Support Officer
		Phone number	6881 1433
Student's start time	8:00am	Finishing time	3-4pm
		Lunch break	12pm
		Total hours	37.5 hrs
Tick where relevant: <input checked="" type="checkbox"/> Block <input type="checkbox"/> One day per week <input type="checkbox"/> Split shifts			
Shift details and location Divisional precincts, on the grounds 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:

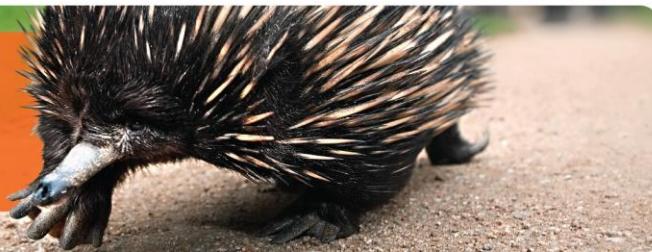
[Prohibited activities and activities that need special consideration](#)

Description of the proposed placement – in detail

See [Completion of the Student Placement Record to meet the Department's standards](#)

Taronga Western Plains Zoo

Work Experience 2020



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:

School:

Host business:

Please tick if these are available to the student:

Essential: ☒ First aid facilities

☒ Suitable toilet facilities

☒ Drinking water

Other: ☒ Lunch room

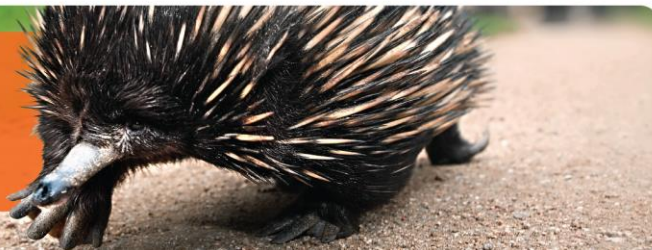
☐ Staff canteen

☒ Lockers

☐ 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.

Taronga Western Plains Zoo

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Section 3: Host employer details (continued)

Host employer/workplace supervisor to complete the following declaration:

- ☒ I have read [The Workplace Learning Guide for Employers](#) 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 [The Workplace Learning Guide for Employers](#). 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

Date

23/09/2019

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.

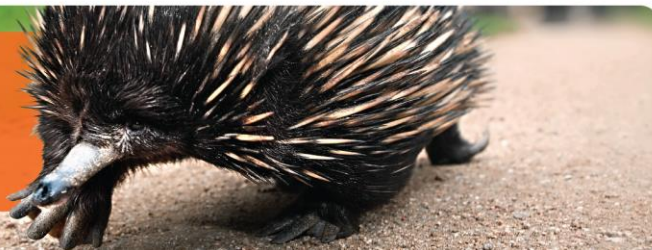
Providing this information is voluntary. However, if you do not provide any of the information requested then the student may not be able to undertake the planned workplace learning.

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



Student's name: _____
 School: _____ Host business: _____

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

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

- ☐ I have read [The Workplace Learning Guide for Parents and Carers](#) and understand my role and responsibilities.
☐ I have read the [Additional Information for Parents and Carers](#) including the insurance and indemnity arrangements as outlined on Page 2
☐ 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 eg 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 the student after normal business hours in the event of an emergency **OR**
 I nominate _____ on telephone _____ to be the willing and reliable contact out of normal business hours.
 Their relationship to my child is _____ and they have accepted these responsibilities.
 2. **Years 9-10:** contact arrangements must be negotiated with the Principal by the parent/caregiver and student. The arrangements are:

The workplace requires evidence of vaccination compliance. ☐ No ☐ Yes (Please ring the school for more information)

- ☐ Tick if the student has the following medication, medical condition (eg severe asthma, type 1 diabetes, epilepsy, anaphylaxis or other severe allergy), disability or learning and support need that may affect their safety during the placement. _____ or ☐ N/A
 If so what support or adjustment do you think the student will need to make their placement successful? _____

If more space is needed, please attach the information

I understand that 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. ☐ Yes ☐ No
 I consent to a copy being provided by the school to host employer eg health care plan cover sheet ☐ Yes ☐ No

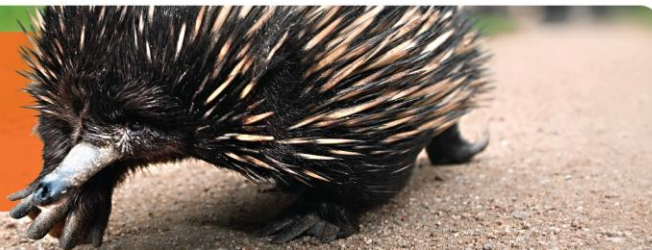
- ☐ Tick if the placement choice includes **overnight accommodation away from home.**
 I understand this will need special approval and additional documentation.

☐ I consent to the student in _____ Year _____ undertaking the placement outlined on this Student Placement Record.

Signature of parent/caregiver _____ **Date** _____ *Where relevant: Years 11-12: signature/date of adult approved by the parent to be the after normal business hours contact.*

Taronga Western Plains Zoo

Work Experience 2020



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 FRIDAY THE 6TH OF DECEMBER
(applications submitted via email will NOT be accepted)

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

Taronga Western Plains Zoo

Work Experience 2020



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.