

PLACEMENT PROVIDER DETAILS

FACULTY OF MEDICINE - WORK EXPERIENCE

Provider name: _____

Provider Address: _____

Provider Website: _____

Location of Placement(s): _____

Details of Person Completing This Form

Name: _____

Title and Position: _____

Phone: _____

Email: _____

Question	Provider Response
1. General Information	
1.1 Australian Business Number (ABN) (if applicable)	
2. Placement History	
2.1 Have you hosted students for clinical placements or work experience in the past?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2.2 If yes, please provide further details regarding your teaching experience over the past 2 years, including: <ul style="list-style-type: none">• How many students you have hosted.• Which Universities you have provided placements for.• Type of placements have you provided (e.g. Clinical, Observational, Research) and for which Disciplines?	
3. Workplace Health & Safety	
3.1 Do you have a workplace health and safety policy?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please attach a copy)
3.2 Is a workplace health and safety induction provided for students at commencement?	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.3 In the event of an emergency, I agree to immediately notify UQ on the following telephone number: Academic Registrar (+61 7 3365 2224) or if no response, UQ Security (+61 7 3365 3333).	<input type="checkbox"/> No <input type="checkbox"/> Yes

4. Student Role and Supervision:	
4.1 Placement providers are responsible for making available suitably qualified supervisors. What supervision is available to students during the placement? And by whom (please list name and position of supervisors)?	
4.2 Are you able to provide the resources and facilities required for student placements?	<input type="checkbox"/> No <input type="checkbox"/> Yes (if no, please outline the additional resources required)

IMPORTANT INFORMATION

HOW TO USE THIS FORM

1. Student should read and complete all details.
2. Give to work experience provider to sign.
3. Submit to the Faculty of Medicine for review and approval.

UQ TERMS AND CONDITIONS

- The student must be enrolled in a UQ program.
- The work experience must be relevant to the student's education.
- The work experience provider must supervise the student on site and provide appropriate training and instruction to the student about work health and safety.
- The Student, Work Experience Provider and UQ Authorised Person must sign this form **prior to commencement** of work experience.
- Insurance cover will only apply to work experience undertaken with documented UQ approval.
- Currently enrolled UQ students who have approval from UQ to undertake unpaid work experience are covered by various UQ insurance policies for the duration of that work experience, including public liability, professional indemnity, medical malpractice (where relevant) and personal accident.

STATUTORY REQUIREMENTS

The [Education \(Work Experience\) Act 1996 \(Qld\)](#) applies to this work experience. Conditions imposed by the Act include:

- work experience is **not** a mandatory or assessable component of an enrolled course;
- the work experience arrangement must be made **before** the student starts a work experience placement;
- if the student is a minor – a parent of the student must give written consent to the arrangement;
- the work experience placement must finish in the year it starts;
- the student must not receive work experience for more than **30 days** in a year;
- the work experience provider must not provide work experience to more than the permitted number of students at the same time;
- the work experience provider must not provide work experience to the student at a time other than during the ordinary working hours of the place where the work experience is provided; and
- the student must not be paid for work experience.

**PLEASE NOTE: INFORMATION MUST BE TYPED (NOT HANDWRITTEN). SIGNATURES CAN BE DIGITAL OR HANDWRITTEN.
ALL SECTIONS OF THE FORM MUST BE COMPLETED.**

SECTION 1 – STUDENT DETAILS

Name		Student Number	
Address		Suburb	State
Postcode	Email	Mobile	
Current Program Title		Completion Semester	Year
Number of days of unpaid work experience already undertaken/approved in the same calendar year as this work experience			

SECTION 2 – WORK EXPERIENCE PROVIDER DETAILS

Contact Name	Position	
Company Name		ABN
Company Address		
Suburb	State	Postcode
Phone	Email	

SECTION 3 – WORK EXPERIENCE DETAILS

Work Experience Period	to	Total working days undertaking work experience
Activities and tasks to be undertaken		
Learning objectives		

SECTION 4 - AUTHORISATION

UQ Student

I understand and agree with the above Conditions.

Signature

Date

Work Experience Provider

I understand and agree with the above Conditions on behalf of the Work Experience Provider.

Signature

Date

UQ Approval (Faculty of Medicine only)

I certify that the work experience is relevant to the student's education and approve the work experience for the specified period.

Name

Signature

Position

Date