Work experience agreement

This agreement is to be completed by all parties and forwarded to Leadership and Capability, Metro South HR for coordination and processing.

**Metro South Health** *(hosting department/division information)*

|  |  |
| --- | --- |
| **Facility** *(QEII, etc.)* | Princess Alexandra Hospital |
| **Supervisor’s name** | Rob Eley |
| **Department** | Emergency Department |
| **Division** |  |
| **Address** | 199 Ipswich Road WOOLLOONGABBA QLD 4102 |
| **Contact number** |  |
| **Email** | Robert.eley@health.qld.gov.au |

**Work placement participant**

|  |  |
| --- | --- |
| **Name** |  |
| **Contact number** |  |
| **Emergency contact name** |  |
| **Emergency contact phone** |  |

**Presenting organisation** *(university/school, if applicable)*

|  |  |
| --- | --- |
| **Name** | University of Queensland |
| **Contact person** | Danielle Nelson |
| **Address** | 37 Kent Street  WOOLOONGABBA QLD 4102 |
| **Contact number** | 3443 8037 |
| **Email** | [danielle.nelson@uq.edu.au](mailto:danielle.nelson@uq.edu.au) |

**Proposed placement details**

|  |  |
| --- | --- |
| **Start date** | 20th November 2023 |
| **Completion date** | 31st December 2023 |
| **Total duration** | 14 days |
| **Preferred days** | TBA |
| **Start time** | TBA |
| **Finishing time** | TBA |

All start and finish times must be within the Award/Agreement of the specific division. If these times are outside of those agreed within the Award/Agreement, contact the local Human Resources unit.

**Agreement**

Metro South Hospital and Health Service, herein referred to as Metro South Health enters into this agreement for the purpose of providing work experience to the participant and places the following conditions upon placement:

* That the work placement participant will not be paid by Metro South Health for the period of the placement.
* That either Metro South Health or the presenting organisation can terminate the placement at any time.
* Metro South Health will provide a safe working environment and inform the presenting organisation of any injury to, or damage involving, the participant.
* The participant will not be expected to work any hours exceeding those normally worked in the industry.
* The participant will not perform any work prohibited by law.
* The participant will be covered for personal injury and public liability by the presenting organisation.

**Participant’s responsibilities**

## I will attend the placement for the full work experience period or if I am prevented from doing so by illness or for any other reason, I will inform the Metro South Health supervising officer.

## I will perform my duties to the best of my ability and will comply with all reasonable instructions whilst on the placement.

## I will advise Metro South Health of any medical condition, including medication, which may affect the performance of my duties.

* I will adhere to all workplace health and safety regulations and follow safe work practices.
* I will promptly inform my supervisor of any personal injury or of any damage to property which may involve me.
* I will comply with the Queensland Government Code of Conduct and *Hospital and Health Boards Act* for Queensland Health employees including maintaining confidentiality.
* I will comply with all applicable Queensland Health and Metro South Health policies and procedures.

## I will be responsible for personal property stored on Metro South Health grounds. (Metro South Health does not accept liability for theft or damage to personal property).

## I will be open and honest in my communication at all times and recognise the role of the work experience coordinator and supervisor of my placement unit.

## I will attend orientation and any training required for me to perform my duties.

**Work experience participant**

By signing, you agree to the terms and conditions detailed above**.**

|  |  |
| --- | --- |
| **Name** *(please print)* |  |
| **Signature** |  |
| **Date** |  |

**Presenting organisation** *(university/school, if applicable)*

|  |  |
| --- | --- |
| **Name** *(please print)* |  |
| **Signature** |  |
| **Date** |  |

**Metro South Health** *(hosting department)*

|  |  |
| --- | --- |
| **Name** *(please print)* |  |
| **Signature** |  |
| **Date** |  |

**Please return the completed Work experience agreement to:**

|  |  |
| --- | --- |
| **Address** | Leadership and Capability, Metro South HR  Princess Alexandra Hospital  Building 61, 199 Ipswich Road, Woolloongabba Qld 4102 |
| **Email** | [MSHR\_LeadershipandCapability@health.qld.gov.au](mailto:MSHR_LeadershipandCapability@health.qld.gov.au) |

**OFFICE USE ONLY- Leadership and Capability, Metro South HR**

|  |  |
| --- | --- |
| **Name** *(please print)* |  |
| **Signature** |  |
| **Date** |  |