Unpaid Work Experience Registration Form
Medical School Student Research

THE UNIVERSITY OF QUEENSLAND
AUSTRALIA
CREATE CHANGE

Important Information

How to use this form

1. Use this form for seeking UQ approval for unpaid short-term research experiences.
2. Prior to commencement of experience, student should:

- read and complete all details,
- follow directions below for obtaining required signatures, and
- submit fully signed for to Director of MD Research.

UQ Terms and Conditions

- The student must be enrolled in a UQ Program for the duration of the activity.
- The research experience must be relevant to the student's education.
- The host institution must supervise the student on site and provide appropriate training and instruction to the student about work health and safety.
- The student, host organisation and UQ Authorised Person must sign this application **prior to the commencement** of the experience.
- Insurance cover will only apply to work or research experience undertaken with documented UQ approval.
- Currently enrolled UQ students who have approval from UQ to undertake unpaid work experience (including short term research 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.
- Students are required to comply with any policies and procedures of the host organisation as notified to them whilst undertaking work experience. This may include, but is not limited to, the Code of Conduct for the Queensland public service.

Liability and Insurance

- UQ indemnifies the host institution for any loss or damage arising directly from the negligent acts or omissions of the student during the period of work experience. This indemnity will be reduced proportionately to the extent the host institution or its staff, employees or contractors contributed to the relevant loss or damage.
- For more information on insurance coverage, UQ students and staff can visit **Insurance Service's webpage**. Host organisations, please contact the Director of MD Research for insurance details at studentresearch@uq.edu.au

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 must finish in the year it starts;
- the student must not receive work experience for more than 30 days (240 hours) in a year;
- the host institution must not provide work experience to more than the permitted number of students at the same time;
- the host institution 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 No.

Email

Address

Current Program Current Year

Learning Community

SECTION 2: HOST ORGANISATION: Where your research is located e.g., Research Centre, Institute, Hospital Clinical Unit, etc.

Organisation Name

Organisation Address

Phone Email

SECTION 3: EXPERIENCE DETAILS

Work Experience Period to Total number of hours undertaking work experience

Title of Project

Project Description including tasks *(List your role and the tasks you will complete)*

Location of research experience (where will the majority of tasks take place)

Learning objectives

Supervisor Name Email

Supervisor Signature Date

SECTION 4: AUTHORISATION: (Delegate of the Host Organisation can be the Unit Manager, Research Manager or Supervisor, etc.)

UQ Student

I understand and agree with the above conditions.

Signature

Printed Name

Date

Head of Host Organisation or delegate

I understand and agree with the above conditions on behalf of the Host organisation. (Centre, Institute, Clinical Unit, etc)

Signature

Printed Name

Date

Once fully completed, email this signed form to the Director of MD Student Research at med.mdresearch@uq.edu.au

The fully signed and approved form will be returned to the student.

Name this file as: Student's *"surname_calendar year_student_work_experience_research"*

UQ Approval

Medical Dean or Delegate

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:**