

VOCATIONAL PLACEMENT AGREEMENT

IMPORTANT: This form must be completed and uploaded as a part of your CQUni online application for ACM20121 Certificate II in Animal Care (under Supporting Documentation). Admissions will not be considered without this form completed in full.

1. STUDENT DETAILS		
Surname:	Given Names:	Date of Birth:
Phone:	Emergency Contact (name & Phone):	
2. PLACEMENT PROVIDER DETAILS – business where the placement occurring		
Program Code: ACM20121 Certificate II in Animal Care		
Company/Business Name:		
Street Address:	Postal Address:	
Contact Person:	Contact Phone:	
Type of Work:	Placement Dates:	
3. STUDENT'S AGREEMENT		
<p>I will attend my placement for the full Vocational Placement period. I will ensure that both CQUniversity and the person and/or organisation providing the placement are notified if I am unable to attend. My appearance and behaviour will be in keeping with the standards of my workplace and I will perform my duties to the best of my ability. I will promptly tell my supervisor of any injury or damage to property which may involve me. I will ensure that I am familiar with the safety requirements of the workplace. I understand that the insurance arrangements for my Vocational Placement do not guarantee full or immediate payment of medical or hospital costs in the event of injury and that I should, if I so require, take insurance cover for medical and hospital costs for the duration of the Vocational Placement.</p> <p>Student's Signature Date / /</p> <p>(If applicable, the student should attach details of any medical condition that may affect his/her work)</p>		
4. PARENT/GUARDIAN AGREEMENT (NOT APPLICABLE TO STUDENTS OVER 18)		
<p>I consent to participating in Vocational Placement as stated. I agree that he/she will comply with the standards of the workplace and will obey all reasonable safety rules. I understand that the insurance cover for the work experience does not guarantee full or immediate payment of medical and hospital costs in the event of injury and that I should, if I so require, take out personal insurance for medical and hospital costs for the duration of the work experience placement.</p> <p>Signature of parent/guardian Date / /</p>		

UNCONTROLLED WHEN DOWNLOADED OR REPRODUCED

5. VOCATIONAL PLACEMENT PROVIDER'S AGREEMENT

I enter into an agreement for the named student to be placed with me for the purpose of Vocational Placement.

Conditions of Placement

1. The student will work under the supervision of a Subject Matter Expert (SME) who is suitably qualified (e.g. Veterinary Nurse).
 - The workplace supervisor must hold the qualification or equivalent, or a minimum of two years relevant experience.
 - Provide evidence of their suitability, qualification and/or experience that meet the requirements of the National Training Package.
 - Be willing to sign off on observations for tasks completed at the workplace which relate to each of the units the student is studying.
2. The arrangement may be terminated at any time by CQUniversity or the Vocational Placement provider.
3. Payment must not be made to the student participating in Vocational Placement.
4. The hours worked must not exceed the normal hours worked in the industry.
5. The student must not perform work which is prohibited by law.

I agree to notify CQUniversity of injury, unexplained absences, and damage to property caused by the student during the placement and to inform the student of the safety requirements of this workplace.

Signature of provider or nominee Date / /

6. CQUNIVERSITY AGREEMENT

CQUniversity enters into an agreement for the named student to be placed with the above named provider for the purpose of Vocational Placement, after suitability has been established.

CQUniversity representative signatureDate / /

*****Provide Copies to all Parties of the Agreement*****