

Student and school/EVET provider details

Student's name _____ Year group _____ Date of birth _____

School/EVET provider name _____

School/EVET provider contact person _____ Contacts position _____

Phone number _____

Placement Details

Host employer's name _____ Phone number _____

Work location address: _____ Postcode: _____

Workplace supervisors name: _____ Position: _____

Date of Placement _____ Total number of days: _____

ROUTINE TRAVEL AS PART OF NORMAL WORK ACTIVITIES DAILY TRAVEL TO / FROM WORKPLACE

The following sections are to be completed if the student undertakes vehicle travel with the host employer and/or nominated supervisor/s as part of the proposed workplace learning arrangements.

Taxi Hire Car Employer vehicle Employee vehicle

Proposed driver: _____ Position: _____ Licence type: _____

Length of time employed with the host employer: _____

Will other employee/s be travelling in the vehicle (circle)? **Yes/No** Changes from day to day _____

Date/s of proposed travel _____ Approximate departure time _____ return time _____

Travel is between _____ and _____

Purpose of travel if not routine or daily travel and site/s to be visited (enter N/A if not applicable):

Host Employer Acknowledgement

I confirm that:

- The proposed driver is licensed for the vehicle they will be driving and, if issued with a provisional licence, complies with relevant peer passenger conditions.
- The proposed driver is not disqualified or suspended from driving; and is not subject to any impediments to his/her ability to drive a motor vehicle or other vehicle (as relevant).
- The vehicle in which the student is to be transported is registered and covered by NSW compulsory third party insurance or interstate equivalent.
- To the best of my knowledge the vehicle in which the student is to be transported is roadworthy, safe for normal road use and suitable for the work-related purpose to which it will be put.
- The number of passengers in the vehicle will not exceed the number of seatbelts.
- I am not aware of anything in the background of the proposed driver that would preclude them from working with a student. I have advised that good safety practice is for the student to travel in the back seat of the vehicle where possible.

Signature _____ Name _____ Date _____

I consent to undertaking vehicle travel with the host employer and/or nominated supervisor/s as part of the workplace learning arrangements.

Student signature _____ Date _____

PARENT/GUARDIAN CONSENT (required if student is aged under 18 years)

I consent to my child undertaking vehicle travel detailed above with the host employer and/or nominated supervisor/s as part of the workplace learning arrangements. I understand my child is covered under the Ansvar and CCI Insurance arrangements for this travel and not withstanding that cover, my child is also covered under the provisions of the Motor Traffic Accident legislation.

Signature _____ Parent or Guardian Date _____

SCHOOL/EVET PROVIDER CONSENT

I consent to the student undertaking vehicle travel with the host employer and/or nominated supervisor as part of the workplace learning arrangements.

Signature: _____ Date: _____

Principal/ Nominee OR EVET Provider Manager/delegate to sign