

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 School for approval prior to commencement of work experience.

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 Head of School or UQ Authorised Person must sign this application *prior to the commencement* of work experience.
- Insurance cover will only apply to work experience undertaken with documented UQ approval.
- UQ students and staff please visit [Insurance Service's webpage](#) for information about applicable insurance cover. Work experience provider please contact the UQ approver for insurance details.

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 number of 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 (Head of School or UQ Authorised Person)

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