

<b>Defence Work Experience Program Nominal Roll Sign Off</b>			
<b>Placement Title:</b>			
<b>Placement Location:</b>			
<b>Placement Dates:</b>			
<b>Person Conducting the Activity (PCA) Acknowledgement</b>			
<b>Name:</b>			
<b>Defence Email Address:</b>			
<b>Mobile:</b>		<b>Work:</b>	
<b>By signing this form, I agree to and acknowledge the following:</b>			
	I acknowledge my obligations under the <i>Work Health and Safety Act 2011</i> and the health and safety responsibilities that I and the Department of Defence owe to the participant during the Work Experience Placement.		
	I acknowledge my obligations under <a href="#">YOUTHPOLMAN Pt1, Section 3, Chapter 3 Youth Protection Complaint and Event/Incident Management</a> .		
	I acknowledge that as the PCA, I have completed Defence Youth Safety Training Level 1 and 2.		
	I will ensure appropriate supervision of the participants during the Work Experience Placement.		
	I will inform the participants of the necessary safety requirements during the placement, including personal protective clothing/equipment, incident reporting procedures and Covid-19 specific information as required.		
	I will inform the participants if they are being provided with access to confidential or sensitive information and remind them of their obligations and undertakings under their Codes of Conduct and Placement Agreements		
	I have read and understood the information provided in this Nominal Roll, particularly in relation to the participant's disclosed medical and dietary information (if any).		
	I understand that the Work Experience Placement may be terminated at any time by either an Educational Institution, a participant or Defence personnel.		
	I understand that a DWEP Placement Level Risk Assessment has been undertaken for this placement.		
	(For overnight placements only) I acknowledge that as the PCA for an overnight placement, I hold a valid WWCC/WWVP check as applicable to my State/Territory		
<b>Signature:</b>		<b>Date:</b> if signed as a hard copy	