

Official: Sensitive//Personal privacy (after first entry)

Department of Defence

Work Experience Placement Agreement - (APS)

Participant 18 Years And Over

[NAME OF PLACEMENT AND WEP NUMBER]

[DATES]

The Department of Defence is pleased to offer you a Work Experience Placement.

This agreement is designed to facilitate your Defence Work Experience Placement.

Information about the types of activities you may participate in is available in the 'My Placement' form and provides specific details of the placement and any items that you need to bring with you.

The purpose of this Work Experience Placement Agreement is to request extra information from you and your Educational Representative to enable Defence to provide a safe and fulfilling work placement experience. The Agreement also sets out extra details regarding the Work Experience Placement and the conditions for participation.

Privacy notice

Defence collects your personal information for the purpose of administering, evaluating and reporting on Defence Youth Programs. The personal information you provide is subject to the Privacy Act 1988 and is handled in accordance with the Australian Privacy Principles and the Defence Privacy Policy.

The Defence Privacy Policy explains how Defence (including the Australian Defence Force Cadets) collects, stores, uses and discloses personal information, and is available at www.defence.gov.au/ComplaintResolution/privacy.asp . This policy is supplemented by privacy provisions contained in the Youth Policy Manual available at www.defenceyouth.gov.au.

The information you provide to Defence and any other information Defence collects about you may be used and/or disclosed by Defence to parents, responsible third parties or any law enforcement body, child protection agency or any other organisation where considered necessary to safeguard young people.

The personal information collected in the Defence Work Experience Program administration forms is being collected for the purpose of coordinating and managing the Participant's Work Experience Placement, to undertake statistical analysis in order to report on and improve the program, and to help Defence meet its duty of care for the safety and wellbeing of all participants.

If individuals have concerns about how Defence handles the personal information it holds about them, or they would like to access or request a change be made to that information, they can contact the Defence Privacy Officer via defence.privacy@defence.gov.au

Item 1: Participant Details

Participant Full Name	
Educational Institution	
Date of Birth	Grade/Year/Level
Gender Male Female Gender X/Non-Binary	
Australian Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Permanent Resident Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you identify as an Australian Aboriginal or Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to disclose <input type="checkbox"/>	

Are you from a non-English speaking background? Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to disclose <input type="checkbox"/>								
Residential Address <i>(include street number, unit, building, etc.)</i>								
Town/City/Suburb, State, Postcode						Mobile		
Email						Alternate number		
T-Shirt Size (T-shirts may be supplied)	XS <input type="checkbox"/>	S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	XL <input type="checkbox"/>	XXL <input type="checkbox"/>		
Pant Size (Waist in cm) (Pants may be supplied)	75 <input type="checkbox"/>	80 <input type="checkbox"/>	85 <input type="checkbox"/>	90 <input type="checkbox"/>	95 <input type="checkbox"/>	100 <input type="checkbox"/>	105 <input type="checkbox"/>	110 <input type="checkbox"/>

Item 2: Primary Emergency Contact

Name	
Relationship to Participant	
Mobile	Alternate number
Email	

Item 3: Alternate Emergency Contact

Name	
Relationship to Participant	
Mobile	Alternate number

Item 4: Medical Information

The information you are requested to give will be used to record medical, accident and other details. The contents and use of this information meet the requirements of the *Privacy Act 1988* and will be treated as confidential. This information will be made available to government or private medical or paramedical staff and other relevant officers in the event of an accident or emergency.

You have the right to keep certain medical information private, provided that the omitted information will not affect the provision of appropriate medical care. You are also entitled to check the record processed from the information you have provided, and to correct any inaccuracies.

To ensure that the information on this form is accurate and current, you are requested to advise Defence immediately of any changes that should be reflected and arrange to update the form.

<p>Do you have any conditions (including cognitive, social, physical, sensory and/or medical) that may impact on your work experience placement?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>If yes, please list these conditions below. Please also attach health plans where relevant.</p>
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List any medication you take regularly that may impact on your work experience placement.

Item 5: Dietary Information

Do you have specific dietary restrictions/preferences? *(for example, but not limited to: Gluten free, Vegetarian, Vegan, Halal)*

Yes No

If yes, please provide dietary details

Do you have specific food allergies? *(for example, but not limited to: egg, cow's milk, peanut, tree nuts, sesame, soy, fish, shellfish and wheat)*

Yes No

If yes, please provide details and a copy of your Allergen Action Plan. *(If applicable)*

Defence Work Experience Program Participant Code of Conduct

Defence is committed to ensuring a respectful learning environment that is safe, positive and supportive for all Defence Work Experience Program (DWEPP) participants.

This Code of Conduct explains the acceptable behaviour expected of all participants, and the unacceptable behaviour that is not permitted. This Code of Conduct applies to both the physical environment (for example face-to-face interactions) and the online environment (for example on social media or email).

Acceptable Behaviours

I will:

- Treat everyone with respect and uphold my educational institution's values and Defence's values
- Respect the rights and learning needs of other participants
- Participate in activities to the best of my ability and take full advantage of the opportunities provided to me
- Be punctual and attend the full placement, including all mandatory activities, where possible
- Dress appropriately and with due regard for health, hygiene and safety
- Respect the property of others, including Defence property, the property of my supervisors and other participants
- Follow reasonable and clear instructions and abide by all health and safety policies, rules and procedures
- Speak to a trusted adult, such as my Defence supervisor or teacher, if I believe this Code of Conduct has been breached, or if I am concerned for my safety or the safety of others.

Unacceptable Behaviours

I will not:

- Participate in, or encourage behaviour that endangers the health, safety and wellbeing of myself or other participants. This includes all forms of bullying, violence, discrimination and harassment
- Ignore or not comply with instructions/directions from the Defence supervisor and other Defence personnel
- Use electronic devices (for example, mobile phones) without permission during activities
- Smoke, consume alcohol or illicit drugs at any time during my placement
- Hold an emotional, personal or sexual relationship with another participant, or an adult involved in my work experience placement (for example Defence personnel or supervisor). This includes touching, hugging and kissing or sexual contact
- Contact or meet with youth and other persons who are involved in my work experience placement (for example Defence personnel or supervisor) outside of the workplace
- Take, send, post or request inappropriate, offensive or explicit text messages
- Take photos while on the Defence base/establishment unless approved by a Defence Work Experience Program supervisor.

Participant Acknowledgement

- I have read the DWEPP Participant Code of Conduct and understand which behaviours are acceptable and unacceptable
- I will follow the DWEPP Participant Code of Conduct at all times
- I understand that Defence will take action if I breach the DWEPP Participant Code of Conduct and I may be excluded from certain activities or asked to leave the placement. Defence will also notify my educational institution and/or the relevant authorities (for example, Police, if necessary) of my behaviour.

Participant Name:

Participant Signature:

Date:

Witness Acknowledgement

Witness Name:

Witness Signature:

Date:

1. Participant Agreement

By signing this Form, I agree to and acknowledge the following: (please ensure each box is ticked)

- The Work Experience Placement described in the 'My Placement' form is subject to the conditions set out in this Form.
- There may be instances when Defence is not able to go ahead with the Work Experience Placement or certain activities that were planned during the Placement. Defence may change, re-schedule or cancel this Work Experience Placement or planned activities at short notice for any reason and will not be responsible for any losses suffered as a result.
- The work undertaken by me as part of the Work Experience Placement is unpaid.
- I will follow all reasonable instructions and requirements governing security, safety and behaviour that are given by Defence staff members during my Work Experience Placement. If I fail to do so, my Work Experience Placement might be cancelled or I might not be able to participate in certain activities during the Placement.
- I have provided all of my information about medical conditions; medication and dietary requirements that is relevant to my participation in the Work Experience Placement.
- In the event that I am injured or fall ill while participating in the Work Experience Placement, Defence may administer necessary first aid. In the event of a serious injury or illness, I may be transported to the nearest civilian medical/hospital facility. I am responsible for the payment of any costs associated with the treatment provided.
- I will not take any items (including documents) from Defence sites without the written consent of my Defence Supervisor.
- Any intellectual property that I create during my Work Experience Placement will be owned by the Commonwealth, through the Department of Defence, on its creation. I will not use or reproduce that intellectual property outside the Work Experience Placement without the written consent of my Defence Supervisor.
- I have read, understood and agree to the obligations and conditions outlined in this Form and all information provided is true and accurate to the best of my knowledge.
- I have read and understood the contents of the Participant Handbook.

By signing this Form, I consent to*:

Participating in Defence physical training activities, subject to any limitations and restrictions I have advised on this Form.

Yes No N/A

Travelling in Defence vehicles, which may include cars, trucks, aircraft and/or ships.

Yes No N/A

Participating in activities involving supervised use of computer-based Defence weapons simulator systems.

Yes No N/A

Handling unloaded firearms under supervision.

Yes No N/A

Being photographed and videoed for Defence official and promotional purposes including official Defence social media pages and being identified in the captions and other explanations provided with those images and recordings.

Yes No

* If you tick 'no' to any of the above, the Defence Work Experience Program Supervisor will discuss that particular activity with the participant and adjust their placement experience as required

In signing this Form, I understand that: (please ensure each box is ticked)

- Any breach of the Code or other misbehaviour will be addressed by the immediate supervising staff and will be reported to the lead supervising staff.
- My Educational Institution may be notified of any incident or supervisor concerns, especially if my personal safety and wellbeing is at risk. Misbehaviour may result in my removal from current Defence youth activity and possible exclusion from future Defence youth activities.

Participant's Printed Name	
Participant's Signature	Date

2. Educational Institution Agreement

By signing this Form, I agree to and acknowledge the following, on behalf of the Educational Institution: (please ensure each box is ticked)

- Information that the educational institution is aware of any condition (including cognitive, social, physical, sensory and/or medical) that may impair a Participant's capacity to safely engage in this placement has been listed above or notified to Defence. If medical support or adjustments are to be provided this has been shared with Defence.
- There may be instances when Defence is not able to proceed with the Work Experience Placement or certain activities that were planned during the Placement. Defence may change, re-schedule or cancel this Work Experience Placement or planned activities at short notice for any reason and will not be responsible for any losses suffered as a result.
- All liabilities and expenses incurred by the Educational Institution in facilitating the Participant's Work Experience Placement are the liabilities and expenses of the Educational Institution.
- The Educational Institution has, and will maintain, adequate public liability insurance which covers liability (including to the Department of Defence) in respect of loss of, damage to, or loss of use of, any real or personal property; and the personal injury of, disease or illness to, or death of, any person arising from or in any way connected with the Participant's Work Experience Placement.
- I have read, understood and agree to the obligations and conditions outlined in this Form and all information provided is true and accurate to the best of my knowledge.

Please list any additional requirements for this participant that Defence should be aware of in offering a place to this participant:
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Name	
Educational Institution	
Work Phone	Mobile
Email	
Educational Representative Signature	Date

3. Regional Work Experience Manager (RWEM) Agreement

By signing this Form, I agree to and acknowledge the following, on behalf of Defence: (please ensure each box is ticked)

- I have read and understood the information provided in this form, particularly in relation to the Participant’s disclosed fitness, medical and dietary information (if any) and have made appropriate adjustments as required.
- I confirm that a Risk Assessment will be completed for this work placement.
- I will forward the nominal roll (which includes the information contained in this Agreement) to the host supervisor as applicable.

RWEM Name	
RWEM Signature	Date

Defence Work Experience Program Participant Agreement Checklist

Placement Title:

Placement Location:

Placement Dates:

Before you or your Careers Advisor upload the Work Experience Agreement, ensure you check the following:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | I have completed my agreement electronically or have completed manually and will scan and submit |
| <input type="checkbox"/> | I will return my agreement as one consolidated document and not as separate files or images |
| <input type="checkbox"/> | I have read the Privacy notice |
| <input type="checkbox"/> | I have completed item 1 – Participant Details |
| <input type="checkbox"/> | I have completed item 2 - Physical Activity Profile |
| <input type="checkbox"/> | I have completed item 3 - Primary Emergency Contact |
| <input type="checkbox"/> | I have completed item 4 - Alternate Emergency Contact |
| <input type="checkbox"/> | I have completed item 5 - Medical Information and listed all Medical information and have attached Treatment plan (if applicable) |
| <input type="checkbox"/> | I have completed item 6 - Dietary Information and listed all Dietary information |
| <input type="checkbox"/> | I have all signatures on the Defence Work Experience Program Participant Code of Conduct page 4 (typed signatures will not be accepted) |
| <input type="checkbox"/> | I have all signatures completed in the Participant and Parent/Guardian Agreement page 6 (typed signatures will not be accepted) |
| <input type="checkbox"/> | My Careers Advisor has completed and signed the Educational Institution Agreement (typed signatures will not be accepted) |
| <input type="checkbox"/> | I have pre-filled my Educational Institution's Student Placement Record (or similar) with relevant personal details, information on the placement and provided a copy for the Defence Supervisor |
| <input type="checkbox"/> | I am aware that I am required to complete the COVID-19 Risk Factors and Acknowledgement Form on the morning of my placement (Day 1) and I will bring this form with me for collection by my DWEP supervisor. |

Please Note: Ensure each box is ticked. You will receive notification if your Work Experience Agreement is incomplete with instructions of a specified return date and return email address. Failure to return your Agreement by the due date will result in your placement being offered to a waitlisted student.

If you have difficulty in completing and/or submitting your agreement, please contact your Regional Work Experience Manager.