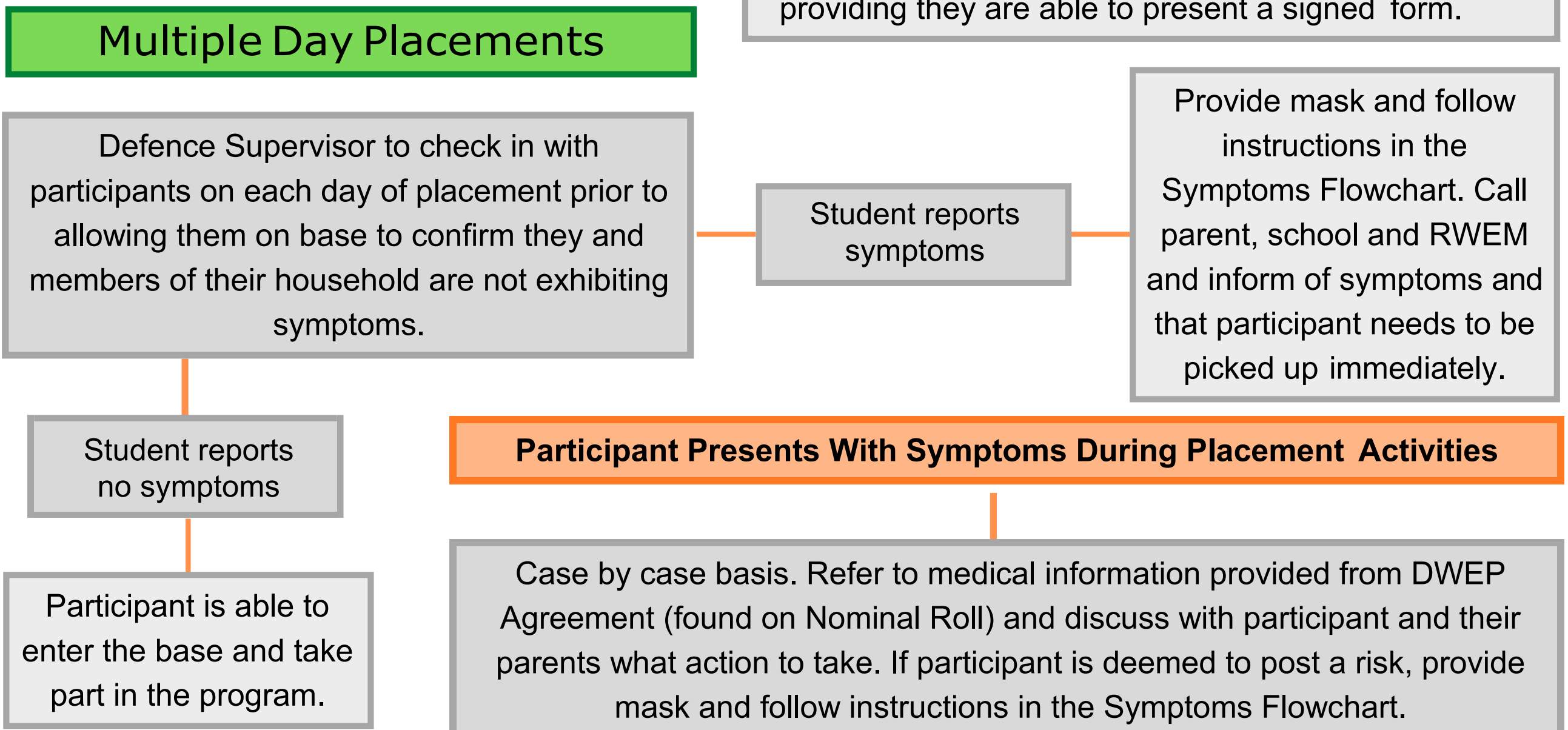
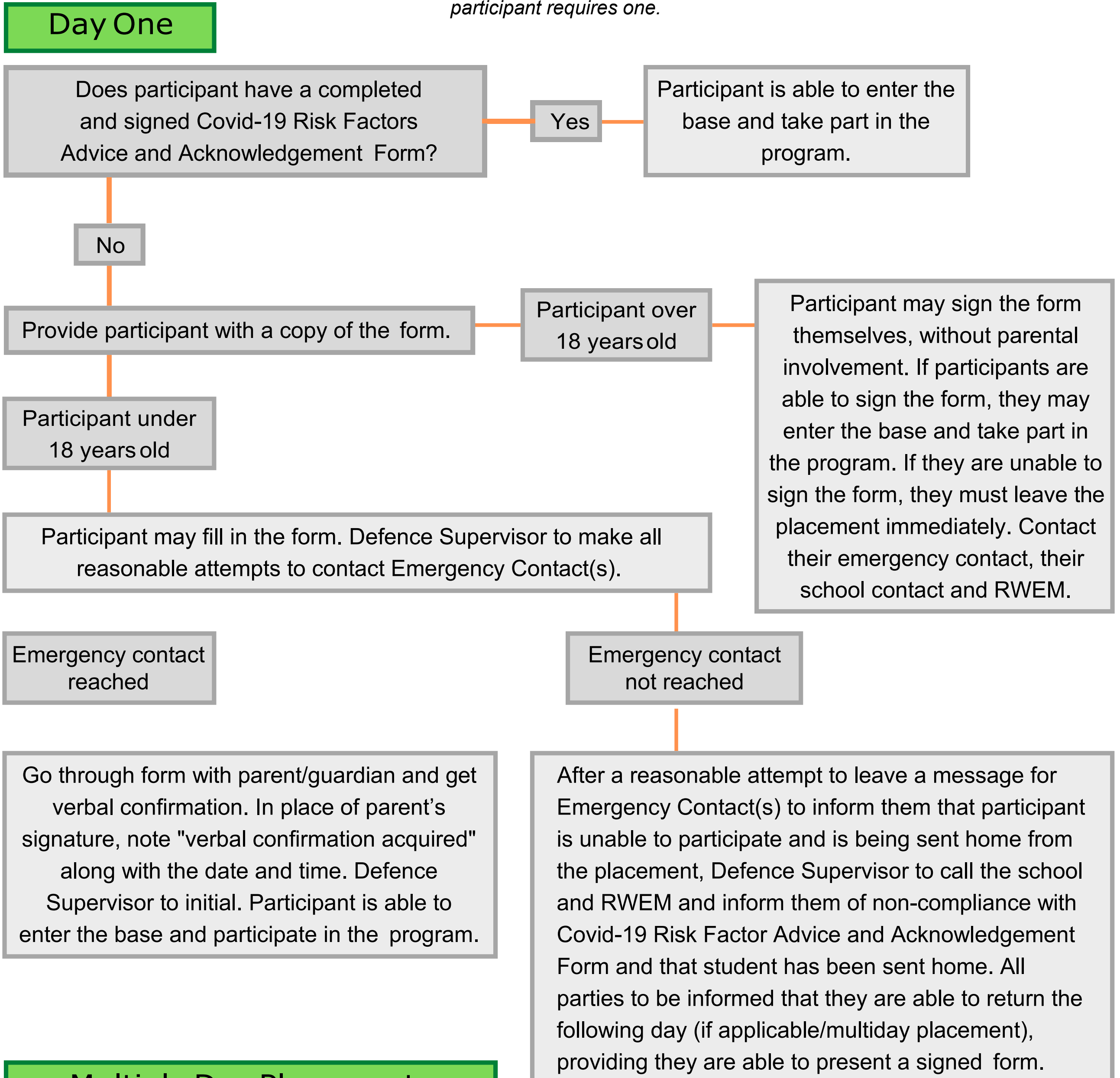


Covid-19 Risk Factors Advice and Acknowledgement

The following flow chart provides guidance to the Defence Supervisor in the collection and use of the Covid-19 Risk Factors Advice and Acknowledgement Form. This form **MUST** be collected and assessed **BEFORE** students are permitted entry to the base. This form has been sent to participants along with other DWEPP paperwork. Defence Supervisor will need hard copies of this document in the event a participant requires one.



Participant displays COVID-19 Symptoms

Isolate

- Manager undertakes immediate isolation of the person from others.
- Notification in accordance with [JD 09/2020 – COVID-19 Personnel Reporting Requirements](#) and [Checklist Where Personnel Test Positive for COVID-19](#).

Advise

- Inform unit CO, Base SADFO and Base Services.

Transport

- Ensure the person has transport to their home or to a medical facility
- Under no circumstances should an employee transport the potentially infected person
- Parents/Guardians must immediately be able to return to the placement to pick up a participant who displays symptoms.

Review

- Review risk management controls relating to COVID-19 and update as required.
- Include continuous improvement actions on register

DWEP COVID-19 Acknowledgement Form

It is a condition of attending this Defence Work Experience Placement that all participants read this advice and sign the COVID-19 Risk Factors Advice Acknowledgement Form. **Note – this form is to be signed no earlier than 3 days prior to the placement commencement date.**

COVID-19 Risk Factors Advice

In order to protect work experience participants and Defence personnel from the risk of exposure to COVID-19, Defence has put in place a number of measures to meet the government's COVID-safe principles.

In addition to measures such as adapting the program to ensure physical distancing, provision of information and supply of hand sanitiser, face masks and cleaning products, Defence has introduced some health related pre-conditions for participation in work experience placements.

It is a condition of attending this placement that you confirm the following points are applicable to you:

- You have not spent four hours or more with a person who has been diagnosed with a confirmed case of COVID-19 in a household or household-like setting in the last 7 days.
- If you have returned from overseas in the last 7 days you have met all required COVID-19 compliance in accordance with State/Territory and Commonwealth guidelines.
- If you have travelled from interstate in the last 7 days you have met all required COVID-19 compliance in accordance with State/Territory and Commonwealth guidelines.
- You have not been directed to self-isolate or quarantine following advice from a national/State-based COVID-19 hotline or a registered medical/nursing practitioner.
- You are not experiencing ANY of the following symptoms – fever, cough, shortness of breath or difficulty breathing, sore ears or throat, runny nose, fatigue, chills or sweats, loss of sense of smell or taste.

If any of these factors have occurred, you will not be able to participate in the placement for your safety and the safety of others involved in the program. Please note that if you withdraw from the placement due to current risk factors, this will not exclude you from future placements.

If you present at the placement exhibiting any of the symptoms identified above, you will not be able to enter the base or participate in the placement. This is also applicable if you begin to develop symptoms during the placement. Your emergency contact will be contacted and asked to take you home.

If you have any questions about this *DWEP COVID-19 Acknowledgement Form* or *COVID19 Risk Factors Advice*, please contact the Regional Work Experience Manager. For further information on the COVID-19 Health Directives for your State and the National Plan of action from the Department of Health, please refer to the below links:

- Local State and Territory Health Departments
<https://www.health.gov.au/about-us/contact-us/local-state-and-territory-health-departments>
- COVID-19 Test & Isolate National Protocols | Australian Government Department of Health
<https://www.health.gov.au/resources/publications/covid-19-test-isolate-national-protocols>



DWEP COVID-19 Acknowledgement Form

Surname:	First Name:
Placement Name:	Placement Date(s) and Location:

By signing this form, I acknowledge the following (tick boxes):

- That I have not met any of the risk factors listed on the *COVID-19 Risk Factors Advice* above.
- If any of the risk factors are met, I cannot participate in the current placement, and must immediately advise the Work Experience Manager/Supervisor.
- If, after providing this acknowledgement form, I meet a condition listed on the *COVID-19 Risk Factors Advice*, I will contact the Work Experience Manager/Supervisor.
- If I present at the placement exhibiting any of the symptoms identified on the *COVID-19 Risk Factors Advice* on Page 1, I will not be able to enter the base or participate in the placement. My emergency contact will be contacted and I will be removed from the placement. I understand that this also applies if I develop any of these symptoms during the placement.
- If during the placement, or the 7 days after completing the placement, I or members of my household test positive to COVID-19, or I become aware that any of the information I provided initially was incorrect, I will contact the Work Experience Manager/Supervisor immediately.

Participant signature:

Date:

Parent/guardian signature

Date:

(required for participants under 18 years of age)

