Accommodation Away from Home Form

This form is to be completed and returned for school approval by: _______ / _______ / 20_____

This document is to be referenced against the current Workplace Learning Guidelines and used when the student requires overnight accommodation away from home. No part of the existing text may be altered, deleted or added to. The principal must sign this form noting that suitable accommodation and travel arrangements are in place for the student during their work placement. This form is to be attached to the original Workplace Learning Agreement Form.

Student name:

School:

Firm name:

Section A: Work placement details

Identify reason for the placement, the educational value of the experience and the lack of opportunity in the local community:

- Dates and times negotiated for school to make contact during placement:
  - Student: □ Contact 1: □ Contact 2:
  - Workplace Provider: □ Contact 1: □ Contact 2:

Section B: Overnight accommodation details

Parent / caregiver / independent student* to complete

Physical address of overnight accommodation during placement:

- Accommodation Type:
  - □ private home
  - □ other (provide details):

- Accommodation to be shared with:
  - □ parent/caregiver
  - □ friend/s of the family
  - □ other family member/s (eg grandparents, aunt/uncle)
  - □ other (provide details):

- Overnight accommodation has been arranged by:
  - □ parent/caregiver/Independent student*
  - □ workplace provider
  - □ school
  - □ other (provide details):

- Adult responsible for supervising the student during overnight accommodation
  - Name: ____________________________
  - Daytime Phone: ____________________
  - Evening Phone: ____________________
  - Relationship to Student: _______________

- Travel arrangements for student to attend workplace from the overnight accommodation:

- Parent / caregiver to sign and date
  - □ I approve the overnight accommodation and the proposed travel arrangements for my child. (please tick)
  - □ I have discussed arrangements with the adult responsible for the provision of overnight supervision of my child (please tick)

  Parent/caregiver name: (print) ____________________________
  Parent/caregiver signature: ____________________________ Date: / / 20_____

  Or where applicable, independent student* to sign and date

  Independent student signature: ____________________________ Date: / / 20_____

This form must be signed by the principal in accordance with the current Workplace Learning Guidelines

Principal name: (print) ____________________________
Principal signature: ____________________________ Date: / / 20_____

* ‘Independent student’ refers to any student over 18 or who the school recognises as being responsible for their own education and living arrangements.

□ Original retained by school □ Copy to Independent Student □ Copy to Parent / Caregiver

Workplace Learning Guidelines