



Financial Services Division

Student External Work Placement Application

Instructions

1. Download and save this form to your computer before completing
2. This form is to be completed by students participating in a work-based opportunity (“Vocational placement”, “Work Experience in Industry”, “Unpaid Work Experience”, “Unpaid Internship”, “Volunteering”) with an external organisation (“Host Organisation”)
3. Form to be signed by the appropriate officer or faculty representative (see page 2 for details)
4. Email **completed** application form to Financial Services insurance-enquiries@uow.edu.au

Student Details

First Name	<input type="text"/>	Last Name/Surname	<input type="text"/>
Student No.	<input type="text"/>	Student UOW email	<input type="text"/>
Faculty/School	<input type="text"/>		
Course Code	<input type="text"/>	Subject Number	<input type="text"/>

Work Based Opportunity Details

Host Organisation	<input type="text"/>		
Name of contact person at Host Organisation	<input type="text"/>		
Email address of contact at Host Organisation	<input type="text"/>		
Postal Address of Host Organisation	<input type="text"/>		
Brief description of Student Activities	<input type="text"/>		
Any relevant pre-existing medical conditions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
If yes, please describe below			
<input type="text"/>			
Dates:	From	<input type="text"/>	To <input type="text"/>

Student Declaration

<input type="checkbox"/>	I am not employed by the Host Organisation and will not be receiving payment in respect of the Work-based opportunity.
<input type="checkbox"/>	I agree that I will only perform activities that fall within the scope of the Brief Description of Student Activities described above. If I am asked to do other activities, I will first notify the University to obtain approval to do so.
<input type="checkbox"/>	I will attend my Placement only during the dates above. If these dates change I will notify the University.
<input type="checkbox"/>	I confirm that I have read the latest Product Disclosure Statement for Personal Accident Insurance and I have disclosed all information relevant to my ability to participate in this experience, including any pre-existing medical conditions. I indemnify and hold harmless the University from any loss, expense or damage suffered or incurred by it as a consequence of my failure to make a true and full disclosure of any relevant information, including information relating to any pre-existing medical conditions I have.
Student Signature	<input type="text"/>

UNIVERSITY AUTHORISATION *(to be completed by authorised Faculty/UOW delegate)*

The purpose of this University Authorisation is to ensure that the University's insurance cover will extend to protect the student while they are on Vocational Placement, Work Experience in Industry, Unpaid Work Experience, Unpaid Internships related to a subject or course, or Volunteering. Cover will only be extended where certain criteria (set out in the Declaration below) are met.

A student participates in a work-based learning opportunity (as per above paragraph) with an external organisation ("Host Organisation") if they engage in any of the following:

a. Student Professional Experience

This is a Vocational Placement required by a course and approved, organised and managed by UOW.

b. Work Experience in Industry

This is a Placement required for subjects or courses, approved by UOW but organised and managed by the student and the Placement Organisation.

c. Work Experience

These experiences are not requirements of a course or subject, but are related to a study area, are approved by UOW, but organised and managed by the student and the Placement Organisation.

The Declaration below must be completed and sent to UOW Financial Services – Insurance, before a student participates in an opportunity that is not covered by an existing Student Placement Agreement between the University and the Host Organisation.

The Declaration should only be signed by the individual directly responsible for the course of study relevant to the opportunity after ensuring that it complies with Fair Work Australia rules.

Declaration by Faculty Representative

In signing this form and for the purposes of insurance cover, you:

(a) confirm that the above student:

- (i) is a current and enrolled student of the University of Wollongong;
- (ii) is not employed by the Host Organisation; and
- (iii) will not receive any remuneration in respect of the Opportunity; and
- (iv) that the primary purpose of this opportunity is student learning and/or skill development.

(b) confirm that the Opportunity is relevant and applicable to the student's course of study; and

(c) as the properly authorised Faculty delegate, approve for the student to undertake the Work-based opportunity.

Full Name

Position

Faculty/School

Signature

INSURANCE COVER

Upon submission of this form, a letter detailing the insurance arrangements will be forwarded to the Host Organisation listed above. A copy will be provided to the student upon request.

For further information please contact UOW Financial Services by email: insurance-enquiries@uow.edu.au