



# STUDENT EXTERNAL WORK PLACEMENT APPLICATION

This form is to be completed by students participating in a work placement ("Placement") with an external organisation ("Placement Organisation") and signed by the appropriate officer or faculty representative (see reverse for details) before forwarding to Financial Services on email [insurance-enquiries@uow.edu.au](mailto:insurance-enquiries@uow.edu.au).

## STUDENT DETAILS *(to be completed by the student)*

Student's First Name			
Student's Last Name			
Student's UOW Email			
UOW Student Number			
UOW Faculty / School	Course Code & Subject No.		
Placement Organisation			
Name of Contact Person at Placement Organisation			
Email Address for Contact at Placement Organisation			
Postal Address of Placement Organisation			
Brief Description of Placement Activities			
Any Pre-Existing Medical Conditions or Information Relevant to the Placement			
Placement Dates	From:	...../...../.....	To: ...../...../.....

### STUDENT DECLARATION

- I am not employed by the Placement Organisation and will not be receiving payment in respect of the Placement.
- I agree that I will only perform activities that fall within the scope of the Brief Description of Placement Activities described above. If I am asked to do other activities I will first notify the University to obtain approval to do so.
- I will attend my Placement only during the Placement Dates above. If these dates change I will notify the University.
- I confirm that I have read the latest Product Disclosure Statement for Personal Accident Insurance located at <http://www.uow.edu.au/content/groups/public/@web/@fin/documents/doc/uow055111.pdf> and I have disclosed all information relevant to my ability to participate in my Placement 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.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

## 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 Placement. Cover will only be extended where certain criteria (set out in the Declaration below) are met.

A student participates in a work placement ("Placement") with an external organisation ("Placement Organisation") if they engage in any of the following:

- a. Student Professional Experience  
This is a Placement required by a course and approved, organised and managed by UOW.
- b. Work Experience in Industry  
This is a Placement required by a course, approved by UOW but organised and managed by the student and the Placement Organisation.
- c. Work Experience  
This is a Placement not required by a course, 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 a Placement that is not covered by an existing Student Placement Agreement between the University and the Placement Organisation.

The Declaration should only be signed by the individual directly responsible for the course of study relevant to the Placement.

### DECLARATION

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 Placement Organisation; and
  - (iii) will not receive any remuneration in respect of the Placement;
- (b) confirm that the Placement 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 Placement.

<b>NAME and POSITION</b>			
<b>FACULTY OR SCHOOL</b>			
<b>SIGNATURE</b>		<b>EXTN</b>	
		<b>DATE</b>	

### INSURANCE COVER

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

For further information regarding insurance please contact UOW Financial Services on phone 4221 5971 or email: [insurance-enquiries@uow.edu.au](mailto:insurance-enquiries@uow.edu.au).