



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 placement ("Placement") with an external organisation ("Placement 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"/>

Placement Details

Placement Organisation	<input type="text"/>		
Name of contact person at Placement Organisation	<input type="text"/>		
Email address of contact at Placement Organisation	<input type="text"/>		
Postal Address of Placement Organisation	<input type="text"/>		
Brief description of Placement Activities	<input type="text"/>		
Any pre-existing medical conditions or information relevant to the placement? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, please describe			
<input type="text"/>			
Placement dates	From	<input type="text"/>	To <input type="text"/>

Student Declaration

<input type="checkbox"/>	I am not employed by the Placement Organisation and will not be receiving payment in respect of the Placement.
<input type="checkbox"/>	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.
<input type="checkbox"/>	I will attend my Placement only during the Placement 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 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.
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 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 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 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.

Full Name

Position

Faculty/School

Signature

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 please contact UOW Financial Services on phone 4221 5971 or email: insurance-enquiries@uow.edu.au