2012 NEA Work Experience Disclosure Form

Student Registration
Please insert your details below

Name: .............................................
Student Number: ............................... 
Postal address: .................................
...........................................Post Code: ........
Tel (H): ...........................................
(Mob/W): .........................................
Email: ............................................
Current Course Title: ...........................
Completion Semester: ...........................
Year: ..............................

Employer Registration
Please insert your details below

Name: .............................................
Position: ........................................... 
Company Name: .................................
Postal Address: .................................
..............................Post Code: ........
Tel (W): ...........................................
Fax: ............................................
Mob: .............................................
Email: ............................................

Are you a past student of UNE?  □ Yes  □ No

Placement Details
Placement Period: ....../....../.... to ....../....../.... (within the calendar year of 2012)
Approximate number of hours: 
Position Title: .................................
General Duties to be performed by student:

Conditions
This scheme is available to UNE students who wish to obtain New England Award points for voluntary or paid work carried out while a student at UNE. The following conditions must be adhered to:
• The student must be currently enrolled,
• The student must obtain their own work placement,
• The work must be approved by the UNE New England Award Office as being eligible for New England Award points prior to starting,
• The employer must formally agree to supervise the student on-site,
• The student must read the information on the back of this form about workplace safety,
• Both the student and employer need to sign the registration form and a copy is to be provided to the New England Award Office at UNE and the employer prior to the commencement of the work.

Agreement
Student
I understand and agree with the above conditions of NEA work experience.
Signature: .............................................

UNE New England Award Office
I certify that the work experience is eligible for NEA points.
Signature: .............................................

Insurance Cover for the NEA Work Experience
The University of New England holds public liability and personal accident insurance for NEA work experience students who have completed this disclosure form. Note you may also be eligible for travel insurance; separate forms are required. Details regarding insurance in general can be obtained from UNE’s Financial Services Directorate website at http://www.une.edu.au/finance/insurance.htm.
Your responsibilities in the workplace

As an employee or worker you are responsible for:

- carrying out your work in a manner which does not present a risk to yourself, others or your work environment,

- obeying any reasonable directive given in relation to health and safety at work including the use of equipment provided to protect health and safety,

- complying with any procedure relating to health and safety at work,

- reporting all incidents, defects, hazards and inadequacies of procedures so that appropriate review and corrective action can be taken.