

Vocational Education Workplace Learning Agreement

1. Student Information

Name

Date of Birth

School/Institution

Program/Course

Contact Number

Email

2. Workplace Information

Workplace Name

Address

Supervisor Name

Supervisor Contact

3. Placement Details

Start Date

End Date

Work Days / Hours

Tasks / Responsibilities

4. Agreement and Terms

1. The student will adhere to all workplace policies and codes of conduct.
2. The workplace will provide appropriate supervision and guidance.
3. The school/institution will support and monitor the placement as required.
4. Any concerns will be reported promptly to the relevant supervisor or coordinator.
5. This agreement may be reviewed or terminated by mutual consent.

5. Signatures

Student

Date

Workplace Supervisor

Date

School Coordinator

Date