

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