**Accommodation Away from Home Form**



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| **This form is to be completed and returned for school approval by: Click here to enter a date.** |

This document is to be referenced against the current *Workplace Learning Guidelines (2016)* and used when the student requires overnight accommodation away from home. No part of the existing text may be altered, deleted or added to. The principal must sign this form noting that suitable accommodation and travel arrangements are in place for the student during their work placement. This form is to be attached to the original *Workplace Learning Agreement Form*.

Insert school logo above

* Department for Education & Child Development
* Association of Independent Schools of SA
* Catholic Education SA

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| **Student Name: Click here to enter text.** |
| **School: Click here to enter text.** |
| **Firm name**: **Click here to enter text.** |
| **Section A:**  | **Work placement details** | **School to complete** |
| Identify reason for the placement, the educational value of the experience and the lack of opportunity in the local community:**Click here to enter text.**  |
|   | Dates and times negotiated for school to make contact during placement: |  |
| Student: | [ ]  Contact 1: **Click here to enter text.** | [ ]  Contact 2: **Click here to enter text.** |
| Workplace Provider: | [ ]  Contact 1: **Click here to enter text.** | [ ]  Contact 2: **Click here to enter text.** |
| **Section B:**  | **Overnight accommodation details** | **Parent / caregiver / independent student\* to complete** |
| Physical address of overnight accommodation during placement: | **Click here to enter text.** |
|  | **Accommodation Type:** |  | **Accommodation to be shared with** |  |
| [ ]  *private home* | [ ]  *parent/caregiver* | [ ]  *friend/s of the family* | [ ]  *host employer* |
| [ ]  *other (provide details):* | [ ]  *other family member/s eg grandparents, aunt/uncle* |
|  | [ ]  *other (provide details):* |
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|  | **Overnight accommodation has been arranged by:** |  |
| [ ]  parent/caregiver/Independent student\* | [ ]  workplace provider | [ ]  school |
| [ ]  other *(provide details):* |  |
|  | **Adult responsible for supervising the student during overnight accommodation** |  |
| Name: | **Click here to enter text.** |  | ***Click here to enter text.*** |  |
| Daytime Phone: | **Click here to enter text.** | Evening Phone: | **Click here to enter text.** |  | *Relationship to Student* |  |
| Travel arrangements for student to attend workplace from the overnight accommodation: | **Click here to enter text.** |
| **Parent / caregiver to sign and date**  |
| [ ]  I approve the overnight accommodation and the proposed travel arrangements for my child. *(please tick)*[ ]  I have discussed arrangements with the adult responsible for the provision of overnight supervision of my child *(please tick)* |
| **Parent/caregiver name:** *(print)* | **Click here to enter text.** |
| **Parent/caregiver signature:** |  | **Date:** | **Click here to enter a date.**  |
| **Or where applicable, independent student\* to sign and date**  |
| **Independent student signature:** |  | **Date:** | **Click here to enter a date.** |
| This form must be ***signed by the principal*** in accordance with the current  ***Workplace Learning Guidelines***  |
| **Principal name**: *(print)*  | **Click here to enter text.** |
| **Principal signature:** |  | **Date:** | **Click here to enter a date.** |

*\* ‘independent student’ refers to any student over 18 or whom the school recognises as being responsible for their own education and living arrangements.*

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| [ ]  Original retained by school | [ ]  Copy to Independent Student | and / or, |  [ ]  Copy to Parent/Caregiver |