**Addendum to the**



**Workplace Learning Agreement Form**

This document is to be referenced against the current *Workplace Learning Guidelines (2016)* and is to be completed when changes are to be made to an existing approved workplace learning agreement. eg, dates, times, location or task.

Insert School logo above

Changes to an existing workplace learning agreement must be agreed to by all parties, noted on the form below and then signed.

Agreed changes must be approved by the principal prior to the changes taking effect with relevant staff advised.

Copies are to be provided to all parties, as outlined below. The original of this form is to be attached to the original *Workplace Learning Agreement Form*.

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| **Existing workplace learning agreement details** | | |
| School name: | **Click here to enter text.** | |
| Student name: | **Click here to enter text.** | |
| Workplace provider name: | **Click here to enter text.** | |
| Date of principal/delegate’s endorsement of original *Workplace Learning Agreement Form:* | | **Click here to enter a date.** |

|  |  |
| --- | --- |
| **Changes to *Workplace Learning Agreement Form*  Please Provide Details** | |
| **Click here to enter text.** | |
| **Date these changes will be implemented**: | **Click here to enter a date.** |

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| **Signatures (all parties must agree to the changes and sign below prior to implementing the changes)** |
| Agreement to the changes outlined above is indicated by the signatures below |

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| **Student name (print):** | **Click here to enter text.** | | | ***\* Tick if an Independent Student*** |  |
| **Student signature** |  | Date: | **Click here to enter a date.** | | |

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| --- | --- | --- | --- |
| **Workplace provider name (print):** | **Click here to enter text.** | | |
| **Workplace provider signature**   * Department for Education & Child Development * Association of Independent Schools of SA * Catholic Education SA |  | Date: | **Click here to enter a date.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/caregiver name (print):** | **Click here to enter text.** | | |
| **Parent/caregiver signature** |  | Date: | **Click here to enter a date.** |

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| --- | --- | --- | --- |
| **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*

original retained by school  copy to workplace provider  copy to the student  copy to parent/caregiver