

**Workplace approval form**

| Name of Student | | |
|---|--|---|
| SURNAME (BLOCK LETTERS) | OTHER NAMES | <input type="checkbox"/> MR <input type="checkbox"/> MISS <input type="checkbox"/> MRS <input type="checkbox"/> MS |
| ADDRESS | | POSTCODE |
| Occupation: | Contact Number: | Student Number |
| <input type="checkbox"/> I hereby agree to undertake training /assessment in the workplace specified. <input type="checkbox"/> I hereby understand that any confidential or commercially sensitive information the trainer /assessor may have access to will be kept private and confidential. <input type="checkbox"/> I hereby understand that should any information or documentation need to be taken away from the workplace that private information such as names and addresses will be replaced with fictitious information. | | |
| Student Signature: | Date: | |
| Workplace Training / Assessment | | |
| Course Enrolled | | |
| Name of Trainer /Assessor: | Date of workplace Training /Assessment | |
| Name of Employer | | |
| Agency Name | Manager Name | |
| ADDRESS | | POSTCODE |
| Contact Number: | Fax: | Email |
| <input type="checkbox"/> I hereby give permission for the workplace training / assessment for the above noted employee to be conducted on the workplace premises on date specified. <input type="checkbox"/> I hereby understand that any confidential or commercially sensitive information the trainer /assessor may have access to will be kept private and confidential. <input type="checkbox"/> I hereby give permission for information or documentation from the workplace may be taken away from the workplace, but that this information will be kept private and confidential. <input type="checkbox"/> I hereby understand that should any information or documentation need to be taken away from the workplace that private information such as names and addresses will be replaced with fictitious information. <input type="checkbox"/> I hereby agree to allow other staff and clients to be interviewed for assessment purposes of the student only. | | |



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The following agreements have been made between the parties:

- Use of and access to workplace equipment for training :

- Production Downtime in workplace due to training :

- Responsibility for safety of all staff in training :

- Maintenance of all equipment used in training :

- Insurance cover :

- Trainer access to Supervisory personnel in workplace :

- Access to all workplace locations, buildings, security passes :

- Site induction for trainer/ assessor (including contact details for safety/health and maintenance personnel) :

- PPE for Trainer/Assessor) :

Employer Signature:

Date:

Director of Perth Boat School Signature:

Date:



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Assessment process

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Interviews required.

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