

Dear Employer,

This form is to be used for employees who would like to complete work placement in your organisation. InterCare Training need to ensure this arrangement will meet the requirements for placement. Please complete and return this form and one of our friendly InterCare Team will contact you to verify the information included in this form is correct.

Once we have verified suitability InterCare Training will provide written confirmation to the employer and the student to confirm the outcome.

PLEASE NOTE: No student is to commence placement prior to written confirmation from InterCare.

Thanking you,

InterCare Training Work Placement Team

HOST ORGANISATION DETAILS

Person Completing This Form	
Position/ Title	
Company Name	
Signature	
Date	
Employee/Student Name	

1. GENERAL INFORMATION

		Y/N	Comments
1.1	Will the student be supervised at all times by a qualified staff member whilst completing Work Placement?		Name of Supervisor
			Position
		Phone #	
1.0	Is the Host organisation an approved provider and/or does it hold third party accreditations?		Provider Number
1.2			Accreditations

File Name:	D-PLA001 Work Placement Host Organisation Checklist	Version:	1.0
Prepared by:	Work Placement Coordinator	Version Date:	June 2023
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1.3	Will you allow an assessor from Intercare Training to complete onsite visits for assessment purposes?	
1.4	Are you aware that the student must complete 120 hours of Work Placement?	

2. PRE-PLACEMENT CHECKS

		Y/N	Comments
2.1	Will students be required to submit proof of vaccination / immunisation prior to commencing placement? If Yes, please state what is required.		
2.2	Are there any other pre- employment screening checks required? If Yes, please provide details.		

3. RESOURCES & EDUCATION

		Y/N	Comments
3.1	Will students be permitted to access Host Organisations policies & Procedures for Research/ training purposes?		
3.2	Will there be adequate resources for the student to utilise to demonstrate competence?		
3.3	Will students be allowed to take observations with permission if required for their Placement tasks?		

4. WORKPLACE HEALTH & SAFETY

		Y/N	Comments
4.1	Will the student have access to adequate Personal Protective Equipment (PPE) supplied by you?		
4.2	Does the workplace have a documented OHS Policy & procedures?		
4.3	Are trained First Aid Personnel on site? Is a First Aid Kit available?		

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4.4	Does the inductive Placement students training on evolution emergency process correct work	dents include acuation & ocedures, and safe				
4.5	Where applica manual handli	uble, will there be ng aides?				
4.6	an incident rep investigation sy	nisation maintain porting and ystem that includes atutory authorities?				
Does qualit	CE USE ONLY the organisation fication require fes nents:	-	ements o	of work placement and t	he	
App	roved By:				_	
Date):					
_	the Student ar Yes	nd Employer been i	notified	•		

File Name:	D-PLA001 Work Placement Host Organisation Checklist	Version:	1.0		
Prepared by:	Work Placement Coordinator	Review Date:	December 2024	Version Date:	June 2023
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