



An Australian Government Initiative



CONNECT TO YOUR FUTURE  
RISIKI BAKIM PUNJUNG



# CONFIDENTIALITY AGREEMENT

**Note: this form must be completed and returned to the teacher together with the Student Placement Record forms prior to work placement**

**THIS AGREEMENT** made the \_\_\_\_\_ day of \_\_\_\_\_ 2008  
between \_\_\_\_\_ of \_\_\_\_\_  
(thereinafter referred to as 'the Employer') **AND:** \_\_\_\_\_  
of \_\_\_\_\_ (thereinafter referred to as 'the Student')

**RECITALS:**

- (a) The Employer has agreed to have the student attend at its premises for the purpose of gaining Work Placement.
- (b) The Student agrees to abide by the following conditions as part of Work Placement.

**AGREEMENT:**

1. The student shall treat as confidential all information made known to the student during the course of the work placement program (hereinafter referred to as 'the confidential information').
2. The confidential information includes names of all clients, the employer's methods of operation, details of clientele, computer programs (intellectual property) and all or any other information about the employer and/or its clients of which the student may become aware during the course of the Work Placement program.
3. The student shall not use or disclose or authorise the use or disclosure of the confidential information to any person or company whatsoever.

**SIGNED** by the student )  
 )  
this \_\_\_\_ day of \_\_\_\_\_ ) \_\_\_\_\_  
 )  
in the presence of: ) \_\_\_\_\_  
(witnessed by teacher or employer)

**(This section to be filled in by parent/caregiver)**

I am aware that my son/daughter \_\_\_\_\_ of \_\_\_\_\_ will be expected to sign the above.

I agree with these conditions.

Parent/Caregiver Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# CODE OF CONDUCT

**I recognize that:**

- On-the-job workplace training is a privilege
- I have responsibilities to my host employer and my school
- Work placement is a mandatory component of my Vocational Education course

**1. During my work placement I will:**

- Maintain a positive and enthusiastic attitude
- Be courteous and respectful
- Try to communicate effectively
- Apply my skills and knowledge appropriately
- Observe rules, regulations and instructions in the Workplace
- Meet the workplace dress standards

**2. I am prepared to:**

- Telephone my host employer at least two weeks before starting
- Be interviewed by my host employer before the work placement if requested
- Familiarise myself with & be responsible for my Work Placement Student Handbook
- Familiarise myself with the Competency Log Book and know the competencies to be met
- Notify my host employer, teacher and/or Workplacement Coordinator of any absences and attend a class feedback session
- Agree to the Confidentiality requirements of the host employer

*I understand the employer expectation of the workplace and I am prepared to comply with the above.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_ School/TAFE \_\_\_\_\_

# PROMOTIONAL MATERIAL PERMISSION

I give permission for my photograph to appear in promotional advertising, printed and/or television media, educational publications, etc. I understand that there will be no payment for this activity.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_ School/TAFE \_\_\_\_\_

I give permission for my son/daughter/ward to appear in promotional advertising, printed and/or television media, educational publications, etc. I understand that there will be no payment for this activity.

Parent/caregiver's Signature \_\_\_\_\_ Date \_\_\_\_\_

# TRAVEL AUTHORISATION

I give permission for my son/daughter/ward \_\_\_\_\_ to travel with their employer  
(company/employer's name) \_\_\_\_\_ in the employer's  
vehicle during the period of work placement the week of \_\_\_\_\_

Parent/caregiver's Signature \_\_\_\_\_ Date \_\_\_\_\_