

Student	
School	
Host Employer	

WPL VEHICLE TRAVEL WITH HOST EMPLOYER APPLICATION

The following details are to be completed if the student is to undertake vehicle travel with the host employer and/or nominated supervisor/s as part of the proposed workplace learning arrangements.

SECTION 1: STUDENT DETAILS

Student Name:		Work Experience	
VET Course Name:		Work Placement	

SECTION 2: PLACEMENT DETAILS

Host Employer:			
Work Address:			
Supervisor Name:		Mobile:	
Start Date:		Finish Date:	
		No of Days:	

SECTION 3: TRAVEL DETAILS

Proposed Driver Name:		No. of years with employer:	
Position:		License Type:	
Is travel part of normal work activities:		What type of vehicle is used:	
Will there be other employees in the vehicle?		Changes daily?	
Purpose of travel if not routine or daily travel and site/s to be visited?			

SECTION 4: HOST EMPLOYER ACKNOWLEDGEMENT

I confirm that:

- The proposed driver is licensed for the vehicle they will be driving and, if issued with a provisional licence, complies with relevant peer passenger conditions. The proposed driver is not disqualified or suspended from driving; and is not subject to any impediments to his/her ability to drive a motor vehicle or other vehicle (as relevant).
- The vehicle in which the student is to be transported is registered and covered by NSW/ACT compulsory third party insurance or interstate equivalent. To the best of my knowledge the vehicle in which the student is to be transported is roadworthy, safe for normal road use and suitable for the work-related purpose to which it will be put.
- The number of passengers in the vehicle will not exceed the number of seatbelts.
- I am not aware of anything in the background of the proposed driver that would preclude them from working with a student. I have advised that good safety practice is for the student to travel in the back seat of the vehicle where possible.

Signature _____ Name _____ Date _____

Student Consent	Parent/Caregiver Consent <small>(required if student is aged under 18 years)</small>	School/EVET provider Consent
I consent to undertaking vehicle travel with the host employer and/or nominated supervisor/s as part of the workplace learning arrangements.	I consent to my child undertaking vehicle travel detailed above with the host employer and/or nominated supervisor/s as part of the workplace learning arrangements. I understand my child is covered under the Ascot et al and CCI Insurance arrangements for this travel and notwithstanding that cover, my child is also covered under the provisions of the Motor Traffic Accident legislation.	I consent to the student undertaking vehicle travel with the host employer and/or nominated supervisor as part of the workplace learning arrangements. <i>Principal/ Nominee OR EVET Provider Manager/delegate to sign</i>
Name:	Name:	Name:
Signature	Signature	Signature
Date	Date	Date