



**NASSSA**

**2018**

**VOCATIONAL  
EDUCATION  
AND  
TRAINING  
PATHWAYS**

***INDUCTION  
BOOKLET  
Ch 1 to 7***

**STUDENT NAME:**



# NASSSA

TOGETHER FOR QUALITY EDUCATION, QUALITY FUTURES

**Course name:**

**Training Provider:**

**Trainer name:**

**Phone/mobile contact:**

**Trainer Email:**

**Training location address:**

**VET Leader name:**

**VET Leader contact phone:**

**Notes: Key information from my induction:**



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**Congratulations on being awarded the opportunity by your school, to participate in a Regional VET (Vocational Education & Training) course.**

**This booklet will provide you with some key information to make your experience a positive and rewarding one! You must complete this booklet and provide your VET Leader with all certificates completed during activities, before you can embark on any training or work placement.**

## Chapters:

1. What is VET?
2. Vocational Training Documents
3. Structured Workplace Learning [SWL]
4. Guide to Workplace Learning for Students
5. Other Workplace Learning Documents
6. Workplace Learning Agreement Form
7. Workplace Learning Videos
8. Work Health & Safety (WHS)
9. Equal Opportunity
10. Keeping Safe
11. Places to get information and Law Stuff

## Appendices:

1. DCSI Clearance
2. Grievance Procedure
3. Certificate
4. Teacher Resources
5. Other Resources

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What  
is VET?

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Course  
Videos

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# CHAPTER 1

# What is VET?

VET stands for "Vocational Education and Training".

It is industry specific training providing you with nationally recognised qualifications which can also contribute to your SACE.

As a NASSSA regional VET student, you will be receiving training from a trainer/teacher, qualified to deliver and assess accredited training from a training package. If you are successful, you will receive nationally recognised qualifications in your chosen field.

The training may occur at a school, in a Trade Training Centre, or at the facility of a Registered Training Organisation (RTO).

The specific qualification for your VET course will comprise of "units of competency".

Your trainer will collect evidence of your "competence" from which they will assess whether you have met the criteria for the unit.

The evidence will comprise of a selection from your:

Work books

Work placement Logbook/Journal

Work placement feedback/report

Practical activities

The trainer will collect this information, collate it and send it to an RTO at the end of the course, who will issue a Statement of Attainment for those Units of Competency you have successfully completed. If you complete all the required competencies for a qualification, you will also receive a Certificate for that Qualification.

This will be nationally registered and recognised.



Your school will also receive this information and organise for your VET results to be recognised and counted towards your SACE certificate. Your VET Leader can talk to you about how much and at what Stage of the SACE, each competency will be recognised.

You need to be aware that you will only gain credits for SACE if you complete all the requirements of training, so poor attendance and non-completion of tasks, means you could be putting your SACE completion at jeopardy!

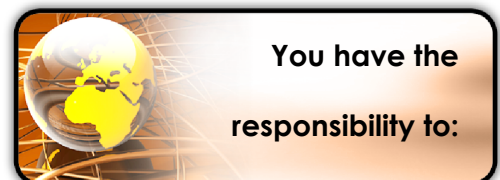


# What are my rights and responsibilities with VET?

*When you begin a VET course, you are entering an adult learning environment. This means that it is not school...it is learning with some different expectations and assessment requirements.*



- 😊 A training environment that allows you feel safe and be free from harassment, discrimination and bullying
- 😊 To be properly informed of the assessment requirements of the course
- 😊 To be properly informed of changes to the program
- 😊 A training environment that gives you a number of different opportunities to demonstrate your understanding of the subject being taught



- 😊 Be on time...times for VET training may be different to school!
- 😊 Notify your trainer AND VET Leader, if you cannot attend, or are going to be late for any reason
- 😊 Submit any work required on time
- 😊 Wear appropriate clothing. VET courses may have different dress requirements
- 😊 Ensure you orient yourself to the training venue (HINT: The checklist on page 25 must be completed and signed on your first day)
- 😊 Negotiate with your trainer and your teachers to catch up on either missed VET or missed school work. You will have to manage your time!
- 😊 Follow the Code of Conduct you signed as part of your initial VET application for enrolment (see a copy on page 18 of this booklet)
- 😊 After one term, you will be required to complete an online survey about your training. This is a simple survey and you will be given time to do it at school. It asks you to reflect about your attendance, subject matter in the course, the trainer, the actual training, assignments and assessments, resources and facilities, career, well being and other general training matters. It will give you a chance to provide feedback on the quality of the training and whether it is meeting your needs and expectations.

# CHAPTER 2

## Vocational Training Documents

### Checklist Consent Form



# Training Induction Checklist

Complete all details on the form, tick check boxes when completed, trainer signs, then return to VET Leader



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Student's Name:			
Trainer's name:			
Location of Training:			
Date of Induction:			
<b>Introduction: (explain and provide)</b>		<b>Specific health and safety information: (explain and show)</b>	
<p>Nature and structure of organization</p> <p>Roles of key people in the organization (introduce trainer if not the person doing the induction)</p> <p>Training times and meal / rest breaks / punctuality requirements</p> <p>Mobile phone rules</p> <p>Notification of absences</p> <p>Sign in/out procedures including specific rules around leaving premises</p> <p>Explain confidentiality requirements</p> <p>Emergency contact details</p> <p>Site general information including other courses offered</p>		<p>Health and safety policy and procedures, including roles and responsibilities for health and safety</p> <p>Harassment, bullying and workplace violence policies and procedures</p> <p>Safe work procedures</p> <p>Special safety requirements</p> <p>Safety signage</p> <p>Hazard reporting procedures</p> <p>Incident reporting procedures</p> <p>Injury reporting procedures</p> <p>First aid procedures</p> <p>Fire safety procedures</p>	
<b>Training Environment: (show)</b>		<b>Reporting: (discuss)</b>	
<p>Equipment used for training, hazards involved and control measures</p> <p>Locker and change rooms (if required)</p> <p>Wash and toilet facilities</p> <p>Lunch facilities or where to go during breaks</p> <p>Location of First Aid facilities, such as the First Aid kit / room</p> <p>Location of emergency exits, fire extinguishers and eye wash stations</p>		<p>Review competency based training assessment procedures to be used</p> <p>Explain theory and practical requirements</p> <p>Explain structured workplace learning placement requirements and process to be used if applicable</p> <p>Overview of activities to be done during the placement to reach the goals</p> <p>Outline recording procedure required during placements</p>	
<b>Security: (explain)</b>		<b>Any other course specific induction matters (please list)</b>	
<p>Training facility</p> <p>Personal belongings</p>			
<b>Conducted by:</b>	<b>Name:</b>	<b>Date:</b>	
	<b>Signature:</b>		

**CONSENT FORM FOR CAMP/EXCURSION****(To be completed in conjunction with medical information and activity information sheets)**

Please use block letters when filling out this form

**As a parent/guardian of:**

STUDENT/CHILD'S NAME	
----------------------	--

**I:**

PARENT/GUARDIAN NAME	
----------------------	--

**give my consent for him/her to participate in:**

NAME OF ACTIVITY	
REASON FOR AND DESCRIPTION OF ACTIVITY	

**at/on:**

LOCATION	
----------	--

FROM:

--	--	--

TO:

--	--	--

OR ON:

--	--	--

The school/preschool will use the student's current Health Care Plan unless otherwise instructed.

**Has a current Health Care Plan been provided to the school/preschool?**Yes ☐No ☐*If No, please provide an updated Health Care Plan to the school/preschool on completion of this form. ↩*Details of **planned activities**, **transport arrangements**, anticipated **number of students/children** and **supervising teachers/instructors** are provided on the information sheet attached.**Agreement**

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely. I also consent to my child's doctor or medical specialist being contacted in an emergency.
- The information given is accurate to the best of my knowledge.

Signed: \_\_\_\_\_

Date:     /     /

**Emergency Contacts - Parent/Guardian**

NAME					
ADDRESS					
				POSTCODE	
HOME TELEPHONE		WORK TELEPHONE		ALTERNATIVE TELEPHONE	

**Student Medic Alert Number (If applicable):**

\*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any health care problems.



# What are my rights and responsibilities with Workplace Learning?



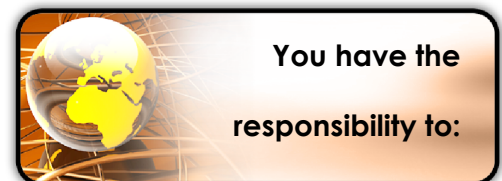
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*Your work placement may be your first experience of the world of the workforce! Doing a work placement (as with being an actual employee), means you have some responsibilities, but also some rights.*



😊 A workplace that allows you feel safe and be free from harassment, discrimination and bullying

😊 An induction to the workplace that includes site specific Work Health and Safety (WHS) procedures.



😊 Ensure you have a signed workplace agreement form returned to your school BEFORE you begin your placement. This covers you should any injury occur, under your school/DECD insurance policy (see Appendix)

😊 Be on time

😊 Notify your employer/supervisor and school VET Leader, if you cannot attend, or are going

😊 Notify your school VET Leader immediately, of any changes to arrangements, eg you being sent unexpectedly to a different work site

😊 Follow the employer's rules and regulations including WHS, privacy and confidentiality, as well as phone use

😊 Ensure you orient yourself to the workplace (HINT: The checklist in the Appendix must be completed and signed on your first day)

😊 Wear appropriate clothing for the particular workplace

😊 Present yourself clean and tidy and with a positive attitude

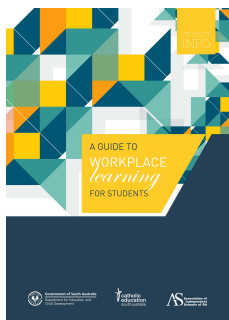
😊 Follow reasonable instructions

😊 Fill out your workplace journal/logbook

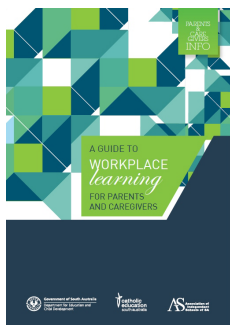


# CHAPTER 4 Workplace Learning Documents

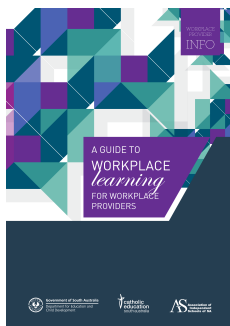
As well as you receiving the '**Guide to Workplace Learning for Students**', before going on any work placement, the following documents **MUST** be provided to Parents/Caregivers and Employers.



[http://nasssa.com.au/uploads/documents/DECD\\_WPL\\_STUDENTS-A5-Booklet\\_V8.pdf](http://nasssa.com.au/uploads/documents/DECD_WPL_STUDENTS-A5-Booklet_V8.pdf)



<http://nasssa.com.au/uploads/Parent-WPLG-brochure-1.pdf>



<http://nasssa.com.au/uploads/Workplace-Provider-brochure-1.pdf>

# PRE-Workplacement Checklist

Students complete all details on the form, tick check boxes and, when completed, return to VET Leader...NO PLACEMENT UNTIL FORM RETURNED!

Student's Name:	
School:	
Home/Care/Mentor Class:	
VET Course:	

## BEFORE I start my placement, I have:

Notified my VET Leader that I need to do a placement

Gained approval from the Trainer the workplace is appropriate and had my VET Leader agree on a particular employer

Collected my Workplace Learning Agreement Form from School

A clear understanding AND the documentation I need from my trainer about what I need to do on placement

Filled in as much of page 1 of the form as I can before approaching potential workplace

Made contact with the employer

Met my supervisor and recorded their name and contact details

Had the employer/supervisor sign the form

Discussed the training logbook with the employer/supervisor

Confirmed any special requirements eg clothing

Had my parents/caregivers sign the form

Returned the form to my VET Leader at my school with Sections A, B and C complete. ***It is a legal and DECD requirement, that this form is completed and returned BEFORE any Workplace Learning or Work Experience***

Discussed my absenteeism with my other teachers and arranged work/catch up activities

The Workplace Induction Checklist to complete with the supervisor either before placement or the first time I attend

The Workplace Logbook/Reporting materials I need to provide the supervisor the first day

Returned the Workplace Induction Checklist to my VET Leader

Name:	Date:
Signature:	

## FOLLOWING my placement, I have:

Returned the Workplace Induction Checklist to my VET Leader

Provided the Report/Logbook to my VET Leader to copy before handing to my trainer at my next training day

Sent a thank you letter to the employer

Name:	Date:
Signature:	

# Workplace Induction Checklist

Complete all details on the form, tick check boxes when completed, inductor/employer signs, then return to VET Leader



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Student's Name:		
Manger/Supervisor's name:		
Workplace Name & Address (Location):		
Department/Section:		
Date of Induction:		
<b>Introduction: (explain and provide)</b>		<b>Specific health and safety information: (explain and show)</b>
<p>Nature and structure of organization</p> <p>Roles of key people in the organization (introduce supervisor if not the person doing the induction)</p> <p>Work times and meal/rest breaks</p> <p>Procedures for phone calls and collecting messages, including mobile phone rules</p> <p>Notification of absence procedure</p> <p>Explain confidentiality requirements</p> <p>Emergency contact details</p> <p>Dress/uniform/appearance requirements</p>		<p>Health and safety policy and procedures, including roles and responsibilities for health and safety</p> <p>Consultation &amp; communication procedures including function of health &amp; safety representative in student's area</p> <p>Harassment, bullying and workplace violence policies and procedures</p> <p>Safe work procedures</p> <p>Special safety requirements</p> <p>Hazard reporting procedures</p> <p>Incident reporting procedures</p> <p>Injury reporting procedures</p> <p>Location of forms that need to be completed when reporting hazards, incidents and injuries</p> <p>First aid procedures</p> <p>Fire safety procedures</p> <p>Other emergency/evacuation procedures</p>
<b>Work Environment: (show)</b>		<b>Reporting: (discuss)</b>
<p>Equipment used for job, hazards involved and control measures</p> <p>Locker and change rooms (if available)</p> <p>Wash and toilet facilities</p> <p>Dining/Staffroom facilities, or where to go during breaks</p> <p>Location of First Aid facilities, such as the First Aid kit / room</p> <p>Location of emergency exits, fire extinguishers and eye wash stations</p> <p>Prohibited or restricted areas</p> <p>Safety signage</p>		<p>Together, review the logbook/report to be used by the student during the placement</p> <p>Discuss activities to be done during the placement to reach the goals</p> <p>Agree on completion times of logbook and employer report</p>
<b>Security: (explain)</b>		<b>Any other site specific induction matters (please list)</b>
<p>Cash handling (only if required for competency verification)</p> <p>Building</p> <p>Personal belongings</p>		
<b>Conducted by:</b>	<b>Name:</b>	<b>Date:</b>
	<b>Signature:</b>	

# CHAPTER 6

## Workplace Learning Agreement Form

**The Workplace Learning Agreement Form must be completed before any placement occurs.**

No part of the existing text may be altered, deleted or added to.

This document is to be completed

- firstly by the student (all the parts the student can complete)
- then the workplace provider (employer)
- followed by the parent/caregiver
- finally by the principal/delegate.

Schools are to attach to the completed and signed original, any additional forms, such as for maritime placements, accommodation away from home, or additional documents showing changes to work placement dates, time, location or tasks.

Copies must be made and given to each of: the student, the employer, the parent/caregiver and the original copy to be kept by the school.



# Workplace Learning Agreement Form

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This form is to be completed and returned for school approval by:

[Click here to enter a date.](#)

This document is to be referenced against the current version *Workplace Learning Guidelines*. No part of the existing text may be altered, deleted or added to. This document in its entirety is to be completed firstly by the student, then the workplace provider, followed by the parent/caregiver and finally by the principal/delegate. Schools are to attach to the completed and signed original, any additional forms, such as for maritime placements, accommodation away from home, or addendums documenting changes to work placement dates, time, location or tasks.

## School use

Date submitted

Form check  
Notes

Signature

Date

Data entered

## Additional forms attached

- ☐ Maritime Workplace Learning Agreement
- ☐ Accommodation Away from Home
- ☐ Addendum to Workplace Learning

- Department for Education & Child Development
- Association of Independent Schools of SA
- Catholic Education SA



Section A:	School	School to complete
School contact person:	<a href="#">Click here to enter text.</a>	Mobile: <a href="#">Click here to enter text.</a>
School name:	<a href="#">Click here to enter text.</a>	Fax: (08) <a href="#">Click here to enter text.</a> Tel: (08) <a href="#">Click here to enter text.</a>
Street address:	<a href="#">Click here to enter text.</a>	
Suburb/town:	<a href="#">Click here to enter text.</a>	P/C: <a href="#">Click here to enter text.</a> Email: <a href="#">Click here to enter text.</a>
Section B:	Student and Work Placement Details	Student to complete
Family name:	<a href="#">Click here to enter text.</a>	Given name: <a href="#">Click here to enter text.</a>
Birth date:	<a href="#">Click here to enter text.</a>	Age at time of placement: <a href="#">Choose an item.</a> Year level: <a href="#">Choose an item.</a>
<input type="checkbox"/> Work Experience	Identify industry area or VET course linked to this placement: <a href="#">Click here to enter text.</a>	
<input type="checkbox"/> Structured Work Placement		
Placement dates:	From: <a href="#">Click here to enter a date.</a> To: <a href="#">Click here to enter a date.</a>	Start time: <a href="#">Choose an item.</a>
Identify any specific arrangements: <a href="#">Click here to enter text.</a>		Lunch time: <a href="#">Choose an item.</a>
		Finish time: <a href="#">Choose an item.</a>
Identify any special medical condition, medication, disability and/or learning needs that may affect this student on work placement If there is / are none please indicate 'Not Applicable'. <a href="#">Click here to enter text.</a>		
<i>Please attach further information if necessary.</i>		
Student to sign and date the following declaration		
As a student on work placement, I agree to attend the workplace at the agreed time and days or to notify both my workplace supervisor and my school promptly if I am unable to do so. I shall be appropriately dressed and comply with all reasonable directions. I shall promptly inform the workplace supervisor and the school of any incident or accident. I will complete the required program of workplace preparation prior to beginning work placement. I am aware that, in case of need, I may contact my supervising teacher or school. I have read and understood the brochure 'A Guide to Workplace Learning for Students'.		
Student signature:		Date: <a href="#">Click here to enter a date.</a>
Section C:	Emergency Contact Details	Parent/caregiver/independent student* to complete, sign, date
Name:	<a href="#">Click here to enter text.</a>	Relationship to student:
Address:	<a href="#">Click here to enter text.</a>	
Phone:	Home: <a href="#">Click here to enter text.</a> Work: <a href="#">Click here to enter text.</a> Mobile: <a href="#">Click here to enter text.</a>	
Parent/caregiver to sign and date declaration below		
I give permission for: <a href="#">Click here to enter text.</a> to be involved in the work placement program under the conditions outlined in this document, particularly D1 and D2. In the event of illness or accident, the emergency contact shall be notified as soon as possible. If contact cannot be made, I authorise the supervisor in the workplace to obtain the services of a suitably qualified medical practitioner and to convey the student to a place suitable for treatment. I undertake to cover the costs of any unmet expenses incurred. I understand that I am responsible for transportation and any costs associated with travel to and from the work placement. I have read and understood the brochure 'A Guide to Workplace Learning for Parents and Caregivers'.		
Parent/caregiver/independent student name (print):	<a href="#">Click here to enter text.</a>	
Parent/caregiver/independent student signature:		Date: <a href="#">Click here to enter a date.</a>

\*'independent student' refers to any student over 18, or whom the school recognises as being responsible for their own education and living arrangements.

Section D1: Workplace Provider Details		Workplace provider to complete all sections in BLOCK PRINT	
Firm name:	<a href="#">Click here to enter text.</a>		Phone: <a href="#">Click here to enter text.</a>
Firm postal address:	<a href="#">Click here to enter text.</a>		
Suburb/town:	<a href="#">Click here to enter text.</a>	P/C:	<a href="#">Click here to enter text.</a>
Contact person:	Name: <a href="#">Click here to enter text.</a>	Position: <a href="#">Click here to enter text.</a>	
Contact details:	Phone: <a href="#">Click here to enter text.</a>	Fax: <a href="#">Click here to enter text.</a>	Email: <a href="#">Click here to enter text.</a>
Location of placement (If not same as above)	<a href="#">Click here to enter text.</a>		
Tasks to be performed:	<a href="#">Click here to enter text.</a>	Will the student be required to travel as a passenger in an appropriately registered and insured work vehicle as part of their placement? <a href="#">Choose an item.</a>	
Special conditions (eg, special clothing / PPE Relevant History Screening)	<a href="#">Click here to enter text.</a>		

Section D2: Workplace Provider Declaration		Workplace provider to note then sign / date the section below	
<p><b><u>I certify that</u></b> Work Health and Safety practices, procedures and systems are in place, including the induction of people new to the workplace.</p> <p><b><u>I agree to accept</u></b> this student on work placement and to plan and conduct an appropriate program in a non-discriminatory and harassment free environment. I will notify the school in the case of student illness, accident, inappropriate behaviour or any absence.</p> <p><b><u>I give assurance</u></b> that the student will be adequately supervised in a child safe environment. Those workplace providers who are mandated notifiers agree to acknowledge their responsibility under the <i>Children's Protection Act 1993</i>.</p> <p><b><u>I understand the student</u></b> will not be paid or given a reward of any description for work performed during the placement and will not be used to replace a paid or striking worker, or participate in industrial disputes.</p> <p><b><u>I understand</u></b> the student will be visited or telephoned by a teacher/staff member during the placement and that the student will not be involved with any tasks prohibited by insurance or legislation.</p> <p><b><u>I acknowledge</u></b> that there will not be more than 1 work placement student for the equivalent of 3 fulltime employees during this placement and that the information provided on this form is for the administration of workplace learning only. Subject to the requirements of the South Australian Government <i>Information Privacy Principles 1989 (re-issued 16 September, 2013)</i> this information is not to be used for any other purpose.</p> <p><b><u>I acknowledge</u></b> I have read and understood the brochure '<i>A Guide to Workplace Learning for Workplace Providers</i>'.</p>			
<b>Insurance arrangements (Please tick relevant box)</b>			
<p><b><u>I understand</u></b> that while a student is participating in the work placement program they are covered by:</p> <ul style="list-style-type: none"> <li>• DECD's self-insurance arrangements in the case of students enrolled in government schools, or</li> <li>• The school's personal accident and public liability insurance policies in the case of students enrolled in non-government schools.</li> </ul> <p><b><u>I certify</u></b> that as the workplace provider:</p> <p><input type="checkbox"/> I have a current public liability or protection and indemnity insurance policy, <b>OR</b></p> <p><input type="checkbox"/> my workplace is a large corporation, statutory authority, government department or instrumentality, and stands its own risk in terms of public liability in the event of injury to the student or damage or injury to a third party arising from the actions of the student, but which is attributable to negligence on the part of the workplace provider or their workers or agents.</p>			
<b>Workplace provider approval for SA Unions Notification (not required for Independent Schools). Please tick one box.</b>			
<p><input type="checkbox"/> <b><u>I agree to</u></b> the school informing the SA Unions of the business name of this workplace provider and its location to assist in maintaining the highest standard of this student work placement.</p> <p><b>or</b></p> <p><input type="checkbox"/> <b><u>I do not agree</u></b> to this information being passed onto the SA Unions.</p>			
<b>Workplace provider signature</b>		<div></div>	
		<b>Date:</b>	<a href="#">Click here to enter a date.</a>

Section E: Principal / Delegate's Approval		School principal or delegate to sign /date once all other sections have been completed	
<p><b><u>I certify</u></b> that the student will have completed a program of workplace preparation and having done so, give permission for this student to undertake a work placement with the above-named workplace provider in accordance with the current <i>Workplace Learning Guidelines</i>.</p> <p><b>The Principal must sign this Workplace Learning Agreement where any of the following apply.</b></p> <p>The student will:</p> <div> <input type="checkbox"/> be only 14 yrs of age at the time of work placement           <input type="checkbox"/> require accommodation away from home for this placement         </div> <div> <input type="checkbox"/> undertake this work placement interstate           <input type="checkbox"/> be undertaking a maritime work placement         </div>			
<input type="checkbox"/> <b>Principal,</b> or (please indicate)  <input type="checkbox"/> <b>Delegate</b>	<b>Name:</b>	<a href="#">Click here to enter text.</a>	
	<b>Signature:</b>	<div></div>	<b>Date:</b> <a href="#">Click here to enter a date.</a>
<input type="checkbox"/> original retained by the school <input type="checkbox"/> a copy to workplace provider <input type="checkbox"/> a copy to the student <input type="checkbox"/> a copy to parent/caregiver			



## CHAPTER 7

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## Watch a video

<http://www.education.vic.gov.au/school/teachers/teachingresources/careers/work/Pages/teachers.aspx>

Click here to watch Structured Workplace Learning Videos (Internet connection required)

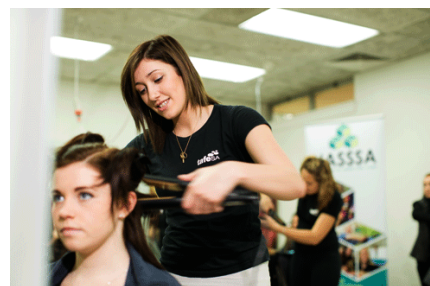
Either click the link above, or one of the pictures/links below, to watch a video of vital information about the work environment, with a strong focus on the importance of good WHS (work health and safety) practice.



Childcare



Agriculture/Farming



Hairdressing



Recreation



Business



Construction



Hospitality



Automotive



Engineering



Manufacturing

