Work placement with a host organisation

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## Work placement

Work placement has an objective to maintain the worker in or return the worker to suitable employment. It can include:

* on-the-job training, where a worker is placed in a realistic work environment to refresh or update existing skills or to acquire new skills in readiness for suitable employment, or
* training or retraining where a worker is undertaking an approved course, or
* a work trial with the view to obtaining employment.

Host organisations are employers who provide a service to ReturnToWorkSA by providing work suitable for people with a work place injury. These placed workers are not employees of the host organisation.

Work placement as a part of a recovery and return to work plan may involve a structured and graded return to work program with a host organisation.

## Responsibilities

### The host organisation is responsible for:

* ensuring that they have general and public liability insurance that covers the organisation. Where requested, the host organisation is required to produce a certificate of the currency of such insurance to the return to work provider/supplier or claims agents for the placement.
* providing induction and training as per any worker of their organisation.
* meeting the same occupational health and safety obligations as per any worker of their organisation.
* having similar expectations of the worker as for any other worker regarding behaviour, safety and discipline.
* making the workplace available to the return to work provider/supplier or claims agents for monitoring purposes as negotiated between the two parties.
* providing feedback to the worker and return to work provider/supplier or claims agents regarding the worker’s performance, and advising any concerns or barriers as they are observed. The host organisation must be available to discuss or review progress with key parties in relation to the work placement as appropriate.
* adhering to agreed arrangement made with all parties and working within this arrangement.

### The worker is responsible for:

* attending the host organisation’s workplace, as per agreed arrangement, and engaging in their duties according to their work schedule and work placement agreement to the best of their ability.
* adhering to the host organisation’s work policies, including occupational health and safety policies, work procedures and policies, and acting in a manner commensurate with a worker of the host organisation.
* Contacting the return to work provider/supplier or claims agents to discuss any issues that may arise during the course of their placement and any absences or changes occurring during the course of the placement.
* being actively involved in activities detailed in the return to work plan and work placement arrangement. This can include activities such as resume preparation, preparation of job applications, interview preparations, as well as other job seeking tasks.
* not terminating the work placement without valid reason and without first consulting return to work provider/supplier or claims agents. The worker understands that the placement is part of a Return to Work Plan.

## Further information

* worker undertaking a work placement will be supernumerary to established staff numbers except where the work placement has been arranged in response to an existing vacancy. The presence of a worker in a work placement does not indicate the creation of a permanent position.
* The host organisation is not expected to pay the worker for any work completed for the duration of the placement.
* The host organisation may recommend termination of the placement at any time in consultation with the return to work provider/supplier or claims agents.

## Work placement form (to be completed by provider/supplier)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Worker details** | | | | | | |
| Full name: | | | | | \*Claim no: | |
| Injury: | | | | | | |
| Phone number: | | | | | Claims agent: | |
| Case manager (CM): | | | | | CM phone number: | |
| **Host organisation:** | | | | | | |
| Name of organisation: | | | | | | |
| Contact person: | | | | Phone number: | | |
| **Work placement goal:** | | | | | | |
| Work placement position: | | | | | | |
| Duties to be performed (attach job description if available): | | | | | | |
| Skills to be developed: | | | | | | |
| **Work placement schedule:** | | | | | | |
| Start date: | | | | | End date: | |
| Dates | Days | | Hours | | Considerations/Restrictions | |
|  |  | |  | |  | |
|  |  | |  | |  | |
|  |  | |  | |  | |
|  |  | |  | |  | |
| **We have read the work placement arrangement and understand that this arrangement forms part of a return to work plan under the *Return to Work Act (2014).*** | | | | | | |
| Worker: | | | | | | Date: |
| Host organisation responsible person: | | | | | | Date: |
| **I have informed the host organisation of their requirement to have general and public liability insurance.** | | | | | | |
| Provider/Supplier: | | | | | | Date: |
| **I declare that I have general and public liability insurance and can produce a certificate of currency upon request.** | | | | | | |
| Host organisation responsible person: | | | | | | Date: |
| **Provider/Supplier details** | | | | | | |
| Name: | |  | | | Title: |  |
| Company: | |  | | | Phone number: |  |
| Address: | |  | | | Signature: |  |
| Email address: | |  | | | Date: |  |

## Attachment A

### Public Liability Insurance for Liability to Third Parties - Work Placement Arrangement Information Sheet

ReturnToWorkSA has obtained public liability insurance which covers workers placed in Work Placement Arrangements including those under the RISE and ReSkilling programs for liability to third parties (ie, everyone except the host organisation itself and its employees) for:

* personal injury to a third party
* property damage of a third party

resulting from the acts or omissions of a worker when performing work for a host organisation in the course of a work placement arrangement (including a RISE or ReSkilling placement).

ReturnToWorkSA obtained this insurance to provide comfort to host organisations in the event of a third party claim even if the host organisation‘s insurance cover will not respond to such a claim (for example - because the worker is not an employee of the host organisation).

The policy would not cover liability as a result of the worker following the directions or instructions of the host employer.

As with all insurance policies there are some customary exclusions including –

* the operation or use of vehicles which are required to be registered or in respect of which compulsory liability insurance is required
* the giving of, or failure to give, professional advice
* the discharge, release or escape of pollutants
* activities in relation to asbestos or asbestos products
* property damage to computer data or programs arising out of the use of computers
* molestation of a person or terrorism
* the cost of fixing and faulty work of a workplace participant.

Host organisations should contact the return to work provider/supplier or claims agents immediately if a worker might be involved in any of the above activities.

ReturnToWorkSA should also be notified as soon as possible if there is any incident that might be likely to give rise to any claim related to third party injury or property damage caused or contributed to by the worker placed with a host organisation.

## Work placement evaluation (to be completed by host organisation)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Work placement details** | | | | | | | | | |
| Worker: | | | | | | | | | |
| Position: | | | | | | | | | |
| Period of placement:       to | | | | | | | | | |
| **Please comment on the worker’s performance in the following areas:** | | | | | | | | | |
| *Legend:* | | 1. Poor | 1. Average | | 1. Good | | 1. Very good | 1. Excellent | |
| **Work presentation** | | | | **Insert number** | | **Comments** | | | |
| Attendance – reliable and punctual | | | |  | |  | | | |
| Dresses appropriately for position | | | |  | |  | | | |
| **Work communication** | | | | **Insert number** | | **Comments** | | | |
| Works well within a team environment | | | |  | |  | | | |
| Accepts and understands instructions | | | |  | |  | | | |
| Seeks assistance when necessary | | | |  | |  | | | |
| Communicates effectively with staff/customers | | | |  | |  | | | |
| **Work performance** | | | | **Insert number** | | **Comments** | | | |
| Adjusts readily to tasks | | | |  | |  | | | |
| Shows initiative | | | |  | |  | | | |
| Tools and/or equipment used appropriately | | | |  | |  | | | |
| Productivity demonstrated | | | |  | |  | | | |
| Physical ability to complete tasks | | | |  | |  | | | |
| **Is this worker suited to this type of work? Why/why not? Please explain.** | | | | | | | | | |
|  | | | | | | | | | |
| **Recommendations for this worker to gain employment in this industry? (E.g. training, courses, increased work experience)** | | | | | | | | | |
|  | | | | | | | | | |
| **Would you be willing to be a referee for the worker when applying for other jobs?** ☐ Yes ☐ No | | | | | | | | | |
| **Further comments for the worker, return to work provider/supplier or claims agent?** | | | | | | | | | |
|  | | | | | | | | | |
| **Host organisation details** | | | | | | | | | |
| Name: | | | | | | | | | Title: |
| Company: | | | | | | | | | Phone number: |
| Address: | | | | | | | | | |
| Email address: |  | | | | | | | | |
| Signature: |  | | | | | | | | Date: |

## Work placement feedback (to be completed by worker)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Work placement details | | | | | | | | |
| Worker: | | | | | | | | |
| Position: | | | | | | | | |
| Name of host organisation: | | | | | | | | |
| Address of host organisation: | | | | | | | | |
| Period of placement:       to | | | | | | | | |
| Please provide feedback on the following areas: | | | | | | | | |
| *Legend:* | 1. Strongly disagree | 1. Disagree | | 1. Neither disagree or agree | | | 1. Agree | 1. Strongly agree |
| Work performance | | **Insert number** | | **Comments** | | | | |
| Able to complete tasks with ease | |  | |  | | | | |
| Tasks were within my capacity | |  | |  | | | | |
| Skill development | | | **Insert number** | | **Comments** | | | |
| Placement provided opportunity to learn new or update existing skills | | |  | |  | | | |
| Placement provided opportunity to utilise existing or newly developed skills | | |  | |  | | | |
| Support | | | **Insert number** | | **Comments** | | | |
| Duties were clearly explained and/or demonstrated by supervisor/host organisation | | |  | |  | | | |
| Supervisor was available for assistance when needed | | |  | |  | | | |
| Further comments for the worker, return to work provider/supplier or claims agent? | | | | | | | | |
| tails: | | | | | | | | |
| Name: | | | | | | Date: | | |
| Signature: | | | | | | | | |



The following free information support services are available:

If you are deaf or have a hearing or speech impairment you can call ReturnToWorkSA through the National Relay Service (NRS):

* **TTY users** can phone 13 36 77 and ask for 13 18 55.
* **Speak & Listen (speech-to-speech) users** can phone 1300 555 727 and ask for 13 18 55.
* **Internet Relay users** connect to NRS on [www.relayservice.com](http://www.relayservice.com) and ask for 13 18 55.

For languages other than English call the Interpreting and Translating Centre on 1800 280 203 and ask for an interpreter to call ReturnToWorkSA on 13 18 55. For Braille, audio or e-text call 13 18 55.

**ReturnToWorkSA**

13 18 55

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