

Work Experience Details & Expectations

UniSA Student

Student Name: **Student ID:**

Student Email:

Employer

Company Name:

Address:

Supervisor's Name:

Email: **Phone:**

Work Experience Period: **to**

Total Hours to be completed:

Work Experience working schedule:

TIME	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time:					
Finish Time:					

Job Title while on work experience:

The aim of this work experience is for him/her to experience professional dimensions within the construction industry and apply learned theoretical concepts from the program. The experiential learning process will be strengthened by his/her examining and reflecting on his/her experiences.

The following tasks and learning outcomes have been agreed between the student and the employer:

Tasks

-
-
-
-

Learning Outcomes

-
-
-
-

EMPLOYER EXPECTATIONS

I agree to provide the student with supervision and guidance to carry out the specified tasks, or other appropriate tasks that may arise during the work experience period, to achieve the learning outcomes expected. I will provide the student with:

- clear explanations about what is required;
- an experienced communication professional to supervise the work;
- written feedback at the completion of the work experience; and
- office space and equipment to enable the student to complete the assigned tasks.

Employer signature: _____ **Date:** _____

STUDENT EXPECTATIONS

I agree to complete the practical tasks given to me with interest and enthusiasm in order to achieve the stated learning outcomes. I agree to work in a professional and ethical manner and undertake to approach my supervisor if I have any difficulties.

I agree to complete weekly log sheets stating the tasks I have completed and the time I have spent with my host organisation and have the log sheets signed off by my supervisor and maintained for verification of the work experience and inclusion for the Reflective Report.

I have completed the FS23 UniSA Insurance form and had my host organisation sign it and returned it to my course coordinator.

Student signature: _____ **Date:** _____

COURSE COORDINATOR EXPECTATIONS

I confirm that the above tasks and learning outcomes are suitable for achieving the aims of the UniSA Industry Based Learning work experience program. I agree to be available to provide advice to the student and the employer, if required throughout the work experience period.

Academic Supervisor signature: _____ **Date:** _____

Please ensure this form is completed within the first few days of your work experience commencing and provide a fully signed copy to the course coordinator.