

Deakin Business School

Melbourne, Victoria, 3125
 Telephone (61 3) 9244 5053
 Facsimile (61 3) 9244 5533
 Email dbs-practicum@deakin.edu.au

**Business Practicum
 Program**



DEAKIN UNIVERSITY

STUDENT APPLICATION FORM

● **Student Personal Details**

Title (Mr., Mrs., Ms.)	Given Name(s)	Family Name

Deakin University Student Number	Course Name	Course Code (eg M701)	Mode (On – N) (Off Campus– X)

Date of Birth						Gender	Male		Female	
	<i>Day</i>	<i>Month</i>	<i>Year</i>					<i>Please tick as appropriate</i>		

Full Postal Address	Telephone: Daytime	()
	Telephone: Evening	()
	Telephone: Mobile	
	Deakin email address*	
State	Post Code	Other email address

* Only your Deakin email address will be used unless otherwise approved. Students have the option of forwarding Deakin email to other accounts.

● **Trimester Selection**

		Trimester 1	Trimester 2	Special Arrangement	Notes
MPI701	Business Practicum				

(Please tick as appropriate)

Year	
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(eg 2008)

● **Units Completed / In Progress**

Prerequisite Units: Please indicate

Other Units: Please list units completed to date.

Core Units (Please tick if completed)				
MPE781		MPM721		
MPF753		MPM706		
MPA751		MPM722		
MPM735		MPC741		
MPK732				

● **Previous Work Experience**

Please give brief details of work experience relevant to this application (you should also attach a resumé):

Organisation	Duration of Placement	Year	Type of work performed

● **Proposed Practicum**

Please provide: a) a brief explanation of your reasons for wanting to do a Practicum and;
b) brief details of the proposed practicum activities:

a)
b)

● **Student Declaration**

I declare that the information given in this application is correct and complete. I authorise Deakin University to obtain from other educational institutions, or relevant authorities, details of my enrolment, academic record, examination results and bond status. I also authorise Deakin University to complete an enrolment variation on my behalf when this cannot be done via *StudentConnect*.

Signed..... Date / / 200...

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Student Indemnity Form

I (Student Name) (Student Number)

of (Student Address) agree as follows:

I am a student of Deakin University enrolled in the (Name of course)

1. I am undertaking my Practicum project at (Name of Host Organisation)

2. I am not an employee of the host organisation named above.

My presence in this organisation is for the purposes only of practical education

- 3. I therefore understand that I am not entitled to WorkCover.
- 4. I will not hold this host organisation responsible for any claim under WorkCover, which I may otherwise have for personal injuries for the duration of my Practicum project work.
- 5. I understand that as an enrolled student of the University taking part in an approved course-related activity in the form of a Practicum project I am covered as follows:

• Deakin University Public and Products Liability Insurance Policy

The policy provides insurance cover for the University's legal liability to pay compensation to a third party in respect of physical injury and/or property damage caused by a student. A third party is a claimant other than Deakin University or the student concerned.

• Deakin University Professional Indemnity Insurance Policy

The policy provides insurance cover for acts, errors or omissions committed by insured in their professional duty, including medical malpractice. This policy includes the liability of employees and non-employees such as representatives, voluntary workers, consultants, sessional teachers and any other person not employed by the Insured whilst any such aforementioned persons are acting on the Insured's behalf and includes liability for consultancy services. The policy extends to include students whilst on placement.

• Student Personal Accident Insurance Policy

The policy provides personal accident insurance arranged by the University Insurance Office for University students. It provides a variety of benefits (permanent disability, weekly benefits for income earners, home tutorial, injury assistance, overseas medical expenses, non-Medicare expenses etc). In principle the cover applies across Australia, as long as the activity has been consented to by the University and whilst the students are admitted into a degree.

• Deakin University Public and Products Liability Insurance Policy for Host Employers/Host Organisations

The policy provides insurance cover for the University's legal liability to indemnify the host organisation for increased WorkCover premium costs due as a result of a compensation injury to a student on work experience.

SIGNED by :
 (Student)

In the presence of :
 (Witness)

Student Name:

Witness Name:

Date:

Date:

(Witness may be any person over 18 years of age but preferably a representative of the host organisation)

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Host Organisation Health and Safety Statement

• Instructions

The following Health and Safety Statement is required from the MBA Practicum participating host organisation as part of the Deakin’s student insurance for placement in workplaces to conduct the assigned Practicum Project.

Please refer to the Deakin’s MBA Business Practicum website for information on the University, host organisation and the student’s obligations in the program: www.deakin.edu.au/buslaw/dbs/course/practicum/

• Student Personal Details

Date:	
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Title (<i>Mr., Mrs., Ms.</i>)	Given Name(s)	Family Name

Deakin University Student Number:	Course Name:	Course Code:	Home Campus: (B, G, or W)	Mode: On campus (N) Off Campus (X)

Date of Birth					Gender			

Day Month Year *Please tick as appropriate*

Full Postal Address	Telephone: Daytime	
	Telephone: Evening	
	Telephone: Mobile	
	Deakin email address*	
State	Post Code	Other email address

* Only your Deakin email address will be used unless otherwise approved. Students have the option of forwarding Deakin email to other accounts.

• Host Organisation details

To be completed by the Practicum provider

Student Name:	
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Host Organisation – Name:	
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Brief description of the project:	
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Primary Contact in Organisation (Name):			
Primary Contact in Organisation (Position):			
Full Postal Address	Telephone: Daytime	()	
	Telephone: Evening	()	
	Telephone: Mobile		
	E-mail Address		
State		Post Code	Facsimile

Supervisor in Organisation (Name) (if different to primary contact):			
Supervisor in Organisation (Position):			
Full Postal Address	Telephone: Daytime	()	
	Telephone: Evening	()	
	Telephone: Mobile		
	E-mail Address		
State		Post Code	Facsimile:

• Health and Safety Questionnaire

To be completed by the host organisation

	Yes	No
1. Do you have a written policy on health, safety and welfare at work?		
2. Do you have a policy regarding health and safety training for people working in your undertaking, including use of vehicles, plant and equipment, and will you provide all necessary health and safety training for the placement student?		
3. Is the organisation registered with: (a) Local Government Authority Environmental Health Department (if required) (b) Other appropriate authority (Interstate or international hosts only)		
4. Does the organisation have a WorkSafe Injury Insurance Policy (or interstate/international equivalent)?		
5. Is Employer and Public Liability Insurance held?		
6. Risk assessment (a) Have you carried out risk assessment of your work practices to identify possible risks, whether to your own employees or to others within your undertaking? (b) Are risk assessments kept under regular review? (c) Are the results of risk assessments (eg. controls, training etc. implemented?)		
7. Accidents and incidents (a) Is there a formal procedure for reporting, investigating and recording accidents and incidents in accordance with Victorian WorkCover Authority's regulatory requirements? (b) Have you procedures to be followed in the event of serious and imminent danger to people at work in your undertaking? (c) Will you report to the University all recorded accidents involving placement students (d) Will you report to the University any sickness involving placement students?		

Contact personnel: Who is your nominated contact for compliance with the requirements of occupational health and safety legislation?

Name:

Position:

• Declaration by the host organisation

I declare on behalf of the above organisation that we agree to provide to the student set out in this Application Form:

- a) the opportunity to complete their Practicum project with the policy and guidelines attached to this application.
- b) suitable induction, training and supervision appropriate to the activities to be carried out by the student.
- c) appropriate occupational health and safety supervision, information, instruction and training to ensure safe work practices.

Signed

Date / / 200...

Name:

Position:

(To be signed by Public Officer or other authorised person in the host organisation)