

HUMAN RESOURCES DIVISION  
Employment Relations Unit

## Unpaid Work Engagement Form - SMAH

Faculties/Divisions must ensure that any unpaid work arrangements such as volunteering, vocational placements/internships or work experience do not give rise to an employment relationship and therefore entitle the individual to payment for work undertaken. Please contact your [HR Advisor / HR Business Partner](#) if you have questions about unpaid work arrangements.

This form is to be completed for **unpaid** work arrangements, which may include **volunteering, vocational placements/internships or work experience**.

This form must be completed and provided to the relevant Faculty/Division before the unpaid worker commences. The relevant Faculty/Division must register the details of the engagement and retain a copy of this form.

Faculties/Divisions may be required to produce a copy of the register or forms for the purpose of insurance claims, workplace, health and safety, working with children clearances, visa, residency and work entitlement verifications and compliance with relevant University policies and workplace legislation.

Further information on volunteer insurance and how to make a claim is available via the Financial Services Division intranet page <http://www.uow.edu.au/services/finance/volunteer/>

Insurance must be provided to students on vocational placements / internships and work experience by the institution delivering the course.

### Personal Details

Last Name	<input type="text"/>	First Name	<input type="text"/>
Preferred Name	<input type="text"/>	Second Name	<input type="text"/>
Title	<input type="text"/>	Date of Birth	<input type="text"/>
Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex/Indeterminate/Unspecified <input type="checkbox"/>			
Address	<input type="text"/>		
State	<input type="text"/>	Post Code	<input type="text"/>
Postal Address	<input type="text"/>		
State	<input type="text"/>	Post Code	<input type="text"/>
Home Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

### Emergency Contact

Last Name	<input type="text"/>	First Name	<input type="text"/>
Title	<input type="text"/>	Relationship	<input type="text"/>
Address	<input type="text"/>		
State	<input type="text"/>	Post Code	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>

The emergency contact is the unpaid worker's parent or guardian

Yes ☐

No ☐

It is recommended that your emergency contact resides in Australia.

**Engagement Details** (to be completed by School / Unit)Faculty School Start Date End Date Approximate time commitment SafetyNet Risk Assessment No UOW  
Activities to be carried out

Laboratory work:

Fieldwork:

**Supervisor Declaration** (to be completed by the supervisor)

If you have any questions about unpaid work arrangements you should contact your [HR Advisor / HR Business Partner](#) **before** the engagement commences.

By signing this form you confirm the following:

- details of the unpaid work engagement will be registered **before** the engagement commences and a copy of this form will be retained;
- the purpose of the arrangement is to benefit the individual;
- the University has no expectation of productive work;
- the individual has no expectation of payment;
- the individual is not expected or required to attend and carry out the activities;
- the individual will not be carrying out duties normally performed by a paid worker;
- the individual will read and understand the relevant University policies and procedures;
- the individual will not, as part of their duties, come into contact with children in an unsupervised capacity;
- the individual will be properly supervised, including ensuring they are aware of any potential hazards associated with the duties/activities to be carried out by them; and
- the individual will be provided with any necessary training, particularly where there are specific WHS requirements associated with the duties/activities to be carried out by them.

Last Name First Name Position School/Unit Signature Date

**Individual Declaration** (to be completed by the individual or their parent or guardian if under 18 years of age)

By signing this form you confirm the following:

- you acknowledge your obligations to maintain the confidentiality of University business, employee student information and abide by the University's code of conduct and relevant policies;
- you will undertake training where required, particularly where you may be exposed to potential hazards associated with activities to be carried out by you;
- you will follow the reasonable and lawful instructions of your supervisor;
- you consent to the University verifying your visa, residency and entitlement status at any time prior to and during your engagement as an unpaid worker, and that you will notify the University immediately if your visa expires, is cancelled or your unpaid work entitlements cease;
- you have read, understood and will follow the WHS policies, procedures, guidelines relevant to the activities to be carried out by you as well as any reasonable instruction;
- you have not been convicted of a criminal offence which might be an impediment to you performing the activities to be carried out by you;
- you are not a prohibited person i.e. ineligible to undertake child related work as proscribed by the provisions of the *Child Protection (Prohibited Employment) Act 1998* (NSW), *Commission for Children and Young People Act 1998* (NSW) or a Registrable Person under the *Child Protection (Offenders Registration) Act 2000*;
- that you will not be covered by workers compensation insurance; and
- you understand that the University can terminate your engagement as a volunteer at its discretion.

For **volunteers** only:

- you have read and understood the Voluntary Workers Personal Accident Policy details and are aware of the terms and conditions, exclusions and inclusions associated with the Policy.

In addition to policies, procedures and other formal documentation provided by the supervisor, unpaid workers must read the following policies prior to commencement:

- the relevant Workplace Health & Safety policies, procedures and guidelines, as directed by your supervisor prior to and during your engagement as an unpaid worker: <http://staff.uow.edu.au/ohs/>
- Code of Conduct: <http://www.uow.edu.au/about/policy/UOW058667.html>
- Voluntary Workers Personal Accident Policy (**volunteers** only): <http://www.uow.edu.au/services/finance/volunteer/>

I am the parent or guardian and am authorised to give permission for my child/youth to be engaged as an ☐ unpaid worker as detailed in this form

Last Name

First Name

Signature

Date

**Head of School / Unit Approval**

By approving this engagement you are confirming that this will be a genuine unpaid work arrangement.

Name

Position

Signature

Date