

EMPLOYER Confirmation – Work placement

Dear employer,

The student has informed Charter Australia that they are currently employed by your organisation and are working in the field of Health Care. We will need to obtain from you the confirmation of the student's employment and work hours. We would appreciate if you could complete the following form.

Employer name:			
Nature of business:			
Principal address:			
Employer representative:			
Name:		Position:	
Telephone:		Email:	
Address (if different from above)			

I hereby confirm that _____ (Student name), with the date of birth ____/____/____, is employed by our organisation on _____ (full time/part time/casual) basis. The student is working under my supervision or that of my nominee.

Job description of the student (please tick ALL relevant):			
Assisting with personal hygiene, dressing and domestic duties, etc Assisting with mobility aids Assisting with daily errands, companionship and support Measuring/preparing diets Identifying client care needs documenting service provided		Assisting with motion exercises Assisting with medications Responding to emergency situations Observe, care and report on health and wellbeing issues Providing support with social and recreational activities Other _____	
Employer representative's signature:		Date:	
Student's signature:		Date:	

RTO Staff Only

Information verified as correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note:
RTO Decision:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Note:
RTO authorised staff full name:		
RTO authorised staff signature:		Date: