

SCHEDULE 2 - STUDENT ACKNOWLEDGMENT FORM

Student name (Student ID no.):	Unit:
Host name:	Internship Period: Start Date: End Date:
Host Supervisor:	Monash Contact: WIL Team

In this Acknowledgment,

Internship means the opportunity for the Student to participate in the activities of the Host and under the supervision of the Host’s members or employees.

Internship Period means the period during which the Student will undertake the Internship.

Monash Contact means the Work Integrated Learning Team (WIL Team)

Project Plan means the project plan developed by the Host and the Student which shall specify the objectives of the project, a description of the purpose, nature and format of the outputs to be delivered by the Student, the dates and hours of attendance by the Student at the Host’s worksite, the name, contact details and attendance hours of the person principally responsible for providing supervision on behalf of the Host, the schedule of supervision meetings, the key dates and milestones, and the arrangements for delivery of the final output.

As part of my undertaking the Unit, I understand and agree to the following:

1. I will conduct myself in a safe and professional manner at all times during and in the course of undertaking the Internship and will comply with the lawful and reasonable directions of the Host.
2. I agree to work with the Host to develop a Project Plan prior to the commencement of my Internship Period and will do my best to perform the work contemplated by the Project Plan in a professional and diligent manner. If by agreement with my Host Supervisor, the Project or parts of the Project need to be changed I will amend the Project Plan and advise the Monash Contact accordingly.
3. I agree to comply with all attendance requirements and if I am unable to attend on an agreed date for a legitimate reason I will notify my Host supervisor and the Monash Contact in advance or as soon as reasonably practicable in the circumstances and arrange to attend on an alternative day.
4. I understand that if I am unable to complete the minimum required Internship Period set out in the Internship Schedule Details, this may mean that I have not satisfied the requirements of this Unit and may therefore, at the discretion of the Monash Contact, fail this Unit.
5. I will keep any confidential information of the Host or Monash confidential for as long as the information remains confidential.
6. The copyright in any material I create for my Unit assessment purposes will be owned by me.
7. I will immediately contact the Monash Contact if I have any concerns, issues or queries regarding the Project and/or supervision or the Host during my Internship Period or the Internship more generally.

Student signature:

Date:

Working from Home Self-Assessment

We want to ensure that you have a safe work environment in the event that you have to perform your duties at home. While we cannot control your work at home we want you to take the time to have a look around the environment you will be working in to ensure the areas are clear of hazards. This includes checking areas such as walkways, amenities and other areas you may access during your working day.

This checklist is to guide you through these issues.

Please review your home / off-site work environment and tick 'Yes' or 'No' to indicate if your work area meets guidelines that indicate it is 'acceptable' or 'desirable.'

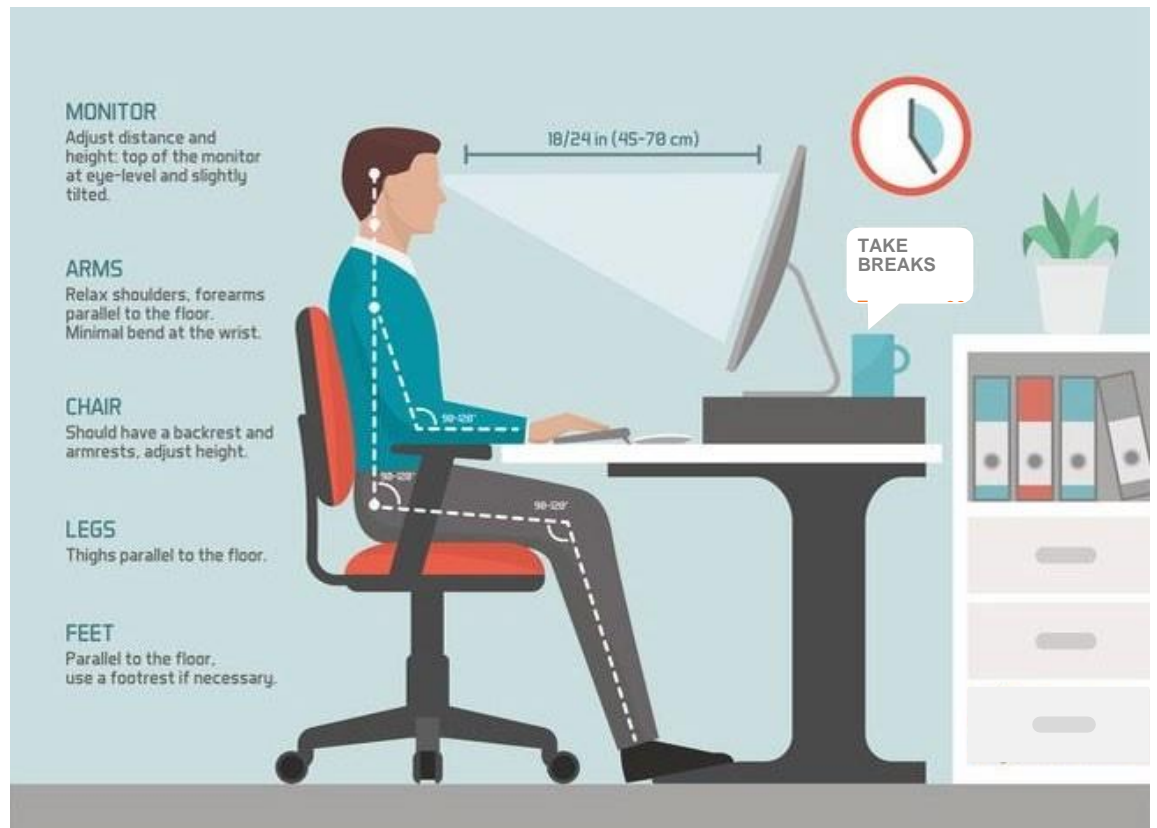
Should you have components of your home work environment that are considered 'not acceptable', please contact the WIL team to discuss.

You may wish to adjust your home work environment prior to completing this checklist, to ensure your work-area is considered 'acceptable' or 'desirable.'

	DESIRABLE	ACCEPTABLE	NOT ACCEPTABLE	HOME / OFF-SITE WORK ENVIRONMENT IS DESIRABLE OR ACCEPTABLE (please tick)
SEATING	Adjustable office chair	Kitchen / dining chair with cushions to raise seat height	Couch, bed, floor, car	Yes <input type="checkbox"/> No <input type="checkbox"/>
WORK SURFACE	Large desk	Clear kitchen table / dining table	Low coffee table, floor	Yes <input type="checkbox"/> No <input type="checkbox"/>
COMPUTER SET-UP	Separate monitor, keyboard and mouse	Laptop	Smart phone only	Yes <input type="checkbox"/> No <input type="checkbox"/>
LIGHTING	Combination natural & electrical illumination	Electrical illumination only	Poor / dimly lit areas	Yes <input type="checkbox"/> No <input type="checkbox"/>
HEATING & COOLING	Heating & cooling system available & active	Temperature extremes are avoided	Temperature extremes are unavoidable	Yes <input type="checkbox"/> No <input type="checkbox"/>
SURROUNDING SPACE	Floor area clear of items, furniture & equipment	Clear pathways available around work area	Cluttered work area, trip hazards present	Yes <input type="checkbox"/> No <input type="checkbox"/>

Ergonomic guidance

Please use this guidance to set up your home / off-site work environment.



Student Acknowledgment:

I confirm that:

- I have completed the Working from Home (Off-site) Checklist and my off-site work environment is considered to be either 'acceptable' or 'desirable' for me to carry out the duties of my internship.
- I have read and understand the ergonomic guidance and will endeavour to set-up my home working environment in accordance with the principles outlined in this guidance.
- I will commit to taking regular movement breaks when working off-site (2 – 5 mins every 60 mins).
- I will take reasonable steps to maintain my home / off-site work environment in a healthy & safe manner.
- I will notify the WIL team of any change of circumstances which may impact the health & safety of

Student Name: _____

Date: _____