

Where could you gain these qualifications?

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How long would it take you to gain these qualifications?

.....

What would it cost to gain these qualifications? .....

.....

What are the employment prospects like in this field?

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What opportunities for advancement or change within the job are there likely to be in the future? i.e taking on different tasks, leadership etc.

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How suitable do you think you are for this kind of work?

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If you pursue this career, how could the wider community benefit from what you will be doing? .....

.....

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**Attach your draft letter of appreciation to your supervisor/manager and hand this completed journal to your assessing teacher.**

Does the business or organisation have a Safety Officer? Yes  No

If Yes – name or title of Safety Officer .....

What safety rules does the firm have for clothing, footwear and personal appearance?

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.....  
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Is there any sort of safety program? (eg signs, posters, lectures, etc)

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What safety rules must you follow if using any equipment?

.....  
.....

Do you think these rules were adequate and appropriate? Yes  No

If No – why not?

.....  
.....

Were they followed correctly by all employees?? Yes  No

If No – why not?

.....  
.....

Does this firm have adequate First Aid supplies and facilities? Yes  No

If No – why not?

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.....

Did you notice any dangerous practices? Yes  No

If YES – what were they and how could they be prevented?

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.....

What formal and/or informal training would you require for a job similar to your work experience?

.....  
.....

How could you gain these qualifications?

.....

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## Your Position

If your position (or the position of a person you were working with) was covered by an industrial award, what is the formal title of the award? (e.g. *The Metal, Engineering and Associated Industries Award.*)

.....  
.....

(The easiest way of finding this information is to **ask** your supervisor while you are still at your work experience. You may need to contact the union peak body in your state. For example, in South Australia, contact SA Unions by email on [saunions@saunions.org.au](mailto:saunions@saunions.org.au) or phone 8279 2222.) There is also useful information at [www.saunions.org.au](http://www.saunions.org.au) or search for "Union" on [www.yellowpages.com.au](http://www.yellowpages.com.au).

What is the name and address of the Union you would belong to in this particular type of work?

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.....

What are the provisions of the Award for job like your work experience?

Pay: (ie what is the award pay scale?) .....

Sick Leave (ie how many days leave is a worker entitled to take with full pay?)

.....

Annual Leave: (how many days annual leave is a worker entitled to?)

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Overtime: (what is the provision for overtime payment)

.....

Weekend work (is this normally part of the job or is it classified as overtime and paid at a higher rate?)

.....

Hour of Work : (how many hours per week would an employee normally work?)

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What accident prevention procedures and/or equipment did you see during your Work Experience placement? (examples might be first aid equipment, safety signs, etc)

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## Your Rights and Responsibilities at Work

What organisation(s) provide support and advice to employees in the business where you did your work experience? (See examples below)

Type of Organisation	Name and contact details	Professions/ Careers Covered	Compulsory Yes/No

### Examples

Type of Organisation	Name and contact details	Professions/ Careers Covered	Compulsory Yes/No
Union	Australian Manufacturing Workers Union 229 Greenhill Rd Dulwich	Production workers, tradespeople, (e.g. welders)	No
Union	Community and Public Sector Union www.cpsu.org.au	Clerical and Administrative Staff	No
Professional Association	CPA (Association of Certified Practising Accountants)	Accountants (other than Chartered Accountants)	Yes
Professional Association	Institute of Chartered Accountants www.charteredaccountants.com.au	Chartered Accountants	Yes
Professional Association	Real Estate Institute of Australia www.REIAUSTRALIA.COM.AU	Real Estate Firms and Agents	No
Union	CSIRO Staff Association CPSU-CSIRO.org.au	Staff employed by CSIRO	No

## Salaries and Conditions

What awards, contracts or legislation govern the salaries and conditions of employment in the business or organisation?

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**What did you Contribute to the Workplace?**

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**How Important Was Teamwork in Your Workplace?**

Describe how some of the teams worked. Were you part of a team? If so, describe your role?

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**Future Directions**

How useful was this work experience in helping you decide career directions? Was this a positive or negative influence?

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.....  
.....

What changes will you now make in your career plans?

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.....  
.....  
.....  
.....

Sample only © Cross Lamb



## My report on my Work

### Days attended

Mon  Tues  Wed  Thurs  Fri

### Days Absent

Mon  Tues  Wed  Thurs  Fri

Reason(s) .....

### Days Late

Mon  Tues  Wed  Thurs  Fri

Reason(s) .....

<p><b>Tasks Observed</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><b>Training Needed to do these Tasks</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p><b>Tasks Performed</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><b>My Comments on these Tasks</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

## My Academic and Personal Abilities

I rate my academic and personal abilities against the requirements for a career in this industry as follows:  1 = very poor -->  5 = very good

- |    |                 |                            |                            |                            |                            |                            |
|----|-----------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. | Time management | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 2. | Task management | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 3. | Organisation    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 4. | Communication   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 5. | Literacy        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 6. | Numeracy        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 7. | Technology      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 8. | Attendance      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

Day 4

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Day 5

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Any Additional Comments

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## Daily Journal

Write down your main responsibilities and **tasks for each day**. Do this **each day** as soon as you get home. What was work experience like? How did you feel about being there? What did you expect? Was it different from what you expected?

Day 1 (Monday)

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Day 2

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Day 3

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### During your work experience placement:

- Observe all safety and other instructions at all times.
- If you don't know what to do or what is expected of you, ask your supervisor.
- Remember that you are there to learn. Ask sensible questions, but don't make a nuisance of yourself.
- Remember that you will be assessed by your supervisor or manager. These are the assessment criteria. Check the detail descriptions under each heading in the Work Experience Employer's Report:
  - Attendance and punctuality
  - Appearance and presentation
  - Use of English
  - Honesty and trustworthiness
  - Safety and equipment use
  - Working with others
  - Communication and interpersonal skills
  - Supervision/reliability
  - Time management
  - Attitude to the job
  - Following directions and instructions
  - Initiative
  - Ability to learn
  - Positive self attitude
  - Quality of work
- Keep your copy of the *workplace learning agreement* form. Contact your school immediately if there are any difficulties or changes in your work placement which differ from your agreement.
- Write up your daily report in this journal **every day** (when you get home). (You should submit this journal to your teacher when you return to school.)

### On your last day of Work Experience

- Thank everyone you have worked with, especially your supervisor or manager.
- Remind your supervisor or manager about the Work Experience Employer's Report. Ask for it to be either given to you or posted to your school. You can also remind them that permission is given for it to be used on an ongoing basis by the business or organisation for any of its employees or staff. An electronic version can be requested from [rossl@internode.on.net](mailto:rossl@internode.on.net).

### When you have finished your Work Experience

- Complete this journal.
- Draft a letter of appreciation to your Work Experience Supervisor or Manager. Check with your supervising teacher before posting it.

**What does the business or organisation contribute to the wider community?**

.....  
.....  
.....  
.....

**How is the Business Established?**

- Sole Trader (Owned by one person)
- Partnership (Owned by two or more people)
- Private Limited Liability Company (Registered as a privately owned company)
- Publicly Listed Company (Shares can be bought or sold on the Stock Exchange)
- Incorporated Association (A charity or club run by a committee or board)
- Government Entity (A Federal, State or Local Government department, commission or corporation)

**Where is the Head Office of the Business Located?**

City ..... Country .....

**What are the names of some of the Key Office Holders in the Business or Organisation?**

Chief Executive .....  
State Manager .....  
Branch Manager .....  
Section Leader .....  
Your Supervisor .....

**Other Interesting Things You Have Discovered About the Business or Organisation.**

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.....  
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**On your first day, before you start your work experience:**

- Complete as much of this journal as you can with the details of your work experience.
- Give your “Employers Report” to your supervisor and ask him or her to complete it for you. (Permission is given for it to be used on an ongoing basis by the business or organisation for any of its employees or staff.)

**What will be your duties or responsibilities during the week?**

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.....

**In what sector or industry area does the business or organisation operate?**

- Arts, Entertainment, Sport and Recreation
- Automotive
- Building and Construction
- Community Services, Health and Education
- Finance, Banking and Insurance
- Food Processing
- Textiles, Clothing, Footwear and Furnishing
- Communications
- Engineering and Mining
- Primary Industry
- Process Manufacturing
- Sales and Personal Service
- Tourism and Hospitality
- Transport and Storage
- Utilities
- Business and Clerical
- Computing
- Science and Technical
- Protective Services
- Other (describe briefly).....

## Work Experience Journal

Work experience is your opportunity to find out about the world of work by direct experience and to prepare yourself for the time when you leave the world you know here at school. It is also your opportunity to check out a particular career to see if it is one that may suit you (or to decide *definitely not.*)

This journal is designed to guide you through your work experience and to help you present evidence for assessment.

Try to complete the daily report sections of this journal as you do the work experience placement. At the end of your placement, finish the rest of the journal making sure that you reflect on your experience and show what you have learnt.

Name and Address of Business or Organisation

Location of your placement (if different)

.....  
.....  
.....  
.....

Phone Number

Name of Contact Person

.....

### Dates

From ..... To ..... Number of Days .....

### Start / Finish Times

From ..... To ..... Hours/day .....

### Lunch / Meal Break

From ..... To ..... Minutes/day .....

### Clothing

What are the clothing requirements for your work?

Shirt/top ..... Pants/trousers/skirt/overalls ..... Shoes .....

Other (e.g. Apron) .....

### Transport

What arrangements have you made to travel to and from your work experience?

Bus  Car  Bike  Walk  Other .....

### What pre-requisites have you completed for this work experience?

OH&S Certificate  Workplace Learning Agreement Form

Name.....

Teacher .....

# Work Experience

## Student Journal

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