



## Rapid Training – Student Workplace Placement Agreement

This agreement is to formalize a work placement arrangement, to support a student of Rapid Training completed the requirements for their enrolled Pest Technician or Timber Pest course.

The purpose of students performing such work placement is to provide Rapid Training with supplementary assessment evidence that the student can competently perform the skills & knowledge from their course in a live working environment and apply those abilities consistently over time.

The work placement activities are recorded in the Students logbook, which must be submitted prior to course completion. The minimum requirements, in each course include:

- ❖ **Pest Technician logbook:** 25 pest inspection & applications (*completed under a licensed supervisor*)
- ❖ **Timber Pest logbook:** 10 timber pest inspections & (minimum) 1 treatment (*completed under an accredited supervisor*)

### Terms & Conditions

1. This work placement may be terminated immediately where any party (student, employer or Rapid Training) feels any party is being placed in a position of unreasonable risk or danger.
2. Where the employer, supervisor or student believes, the placement has become untenable for any reason they should contact Rapid Training and seek further advice.
3. Termination must be communicated verbally to each party immediately upon its occurrence, followed up by notice in writing to each party giving the reasons for the termination.

## Course Information

### Course/ Qualification:

(Select all that apply)

- Pest Technician Course / CPP30115**
  - CPPPMT3005 Manage pests without applying pesticides
  - CPPPMT3006 Manage pests by applying pesticides
  - CPPPMT3018 Maintain equipment and pesticide storage area in pest management vehicles
- Timber Pest Course / CPP30115**
  - CPPPMT3008 Inspect for and report on timber pests
  - CPPPMT3010 Control timber pests

## RTO Information

### Contact Person:

RTO Manager

### Phone Number:

1300 309 169 (Option 3)

### Email:

[training@rapidsolutions.com.au](mailto:training@rapidsolutions.com.au)

## Student Information

### Students Full Name:

### Phone Number:

### Email:

### Parent or Guardian Name: (if under 18)

### Parent/ Guardian Phone Number:

### Parent/ Guardian Email:



## Work Placement & Supervisor Information

<b>Licensed Technician's Full Name:</b> <i>(Supervisor)</i>		<b>License Number:</b>	
<b>Organisation Name:</b>			
<b>Supervisor's Email:</b>		<b>Supervisor's Phone Number:</b>	
<b>Conditions of work placement:</b> <i>(if relevant)</i>			
<b>Number of days / hours allocated for placement:</b>		<b>Start Time each day:</b>	<b>Finish Time each day:</b>

### Workplace Supervisor Checklist

The Workplace Supervisor has an important role where they are required to be a role model and coach to a student. Listed below are your responsibilities, please add any specific or relevant comments on what you do and expect from your student in your workplace to address each item. This information can then be used to provide feedback to both the Student and Supervisor.

RESPONSIBILITIES	I AGREE	COMMENTS
1. Provide a safe and supportive workplace	<input type="checkbox"/>	
2. Integrate learning tasks into work activities based on the logbook	<input type="checkbox"/>	
3. Manages safety and production risks while training	<input type="checkbox"/>	
4. Acts as a role model	<input type="checkbox"/>	
5. Provides clear feedback aligned to industry expectations	<input type="checkbox"/>	
6. Manages the students training needs and motivation	<input type="checkbox"/>	
7. Helps the student develop problem solving and general employability skills	<input type="checkbox"/>	
8. Provides regular feedback and encouragement	<input type="checkbox"/>	
9. Promotes independence and self-direction in learning	<input type="checkbox"/>	
10. Maintains records of progress	<input type="checkbox"/>	

### Declarations

**Student:** As a student with Rapid Training, I have read and understand my responsibilities under this Workplace Assessment Agreement.

<b>Student Signature:</b>		<b>Date:</b>	
<b>Parent/ Guardian Signature:</b> <i>(if under 18)</i>		<b>Date:</b>	

**The Workplace Supervisor:** As the students' workplace supervisor, I certify that I have read and understand my responsibilities under this agreement and hold the required license/accreditation to oversee the student's logbook assessment during their work placement.

<b>Workplace Supervisor Signature:</b>		<b>Date:</b>	
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