

IO2 B – Guidelines for VET trainers Operative Tools

The learning Agreement

-Duration and type of the WBL program-			
Total Duration:		Start Date:	
Expected End Date:		Actual End Date:	
Type of WBL program:			

-Student Details-			
Student's name:			
Age:			
Telephone No:		Email:	

-Employer Details-			
Company Name:			
Company Adress:			
School's Address:			
School's Telephone No:		Email & Website:	
Other Work Contact:		Contact Details:	
Student Job Title and short description:			

Initial Student Assessment

(Please briefly describe how the initial assessment of student was implemented and what are the main outcomes)

-Rights and Responsibilities of Participants and Program Delivery-

(Please briefly outline the rights and responsibilities of participants and how the training will be delivered and assessed in the classroom and the workplace)

Employment Rights & Responsibilities

Student Rights & Responsibilities

Tutor Rights & Responsibilities

Program Delivery between school and workplace	(Please briefly explain how the training will be divided between the school and the workplace)

INDUCTION

It is of high importance that all participants are aware of certain parameters of the training environment. These parameters concern the employment contract and job description, health and safety issues in the workplace as well as terms and conditions of the program and domestic arrangements. To make sure that all of the aforementioned topics have been covered students should complete the following sections, in conjunction with their supervisor

Section 1: Confirmation that a contract of employment is held with Employer

I confirm that I have been notified in writing of the terms and condition upon starting my employment by my employer.

I also confirm that I have been made aware of the procedure by my VET School, should I be made redundant from this employment.

Brief outline of Job Description

(If a photocopy cannot be obtained for Student file)

Student's Signature

Date

Section 2: Introduction to Company Organisation & Terms and Conditions of WBL Program

Who is the Manager of the Company?	
Who is your Line Company Supervisor/Mentor?	
What facilities are provided?	
What are my expected working hours?	
What tasks are expected of me?	
How much time is allowed for lunch / other breaks	
What are the procedures for appraisal and review?	
What are the grievance & disciplinary procedures?	
Section 3: Health and Safety	
Who is the First Aider, and where are they located?	
Where is the First Aid box located?	
What is the system for reporting accidents?	
What are the emergency exit procedure(s)?	
What security arrangements are in place in the company?	
What health and safety instructions have you been given?	
What is prohibited?	

Training Agreement

- This Job Training Agreement is made between _____ & _____ (Employer name & Student name) at _____ (VET School Name) for the delivery of WBL learning.

The employer responsibilities are to:

(please outline the employer's responsibilities)

The Student's responsibilities are to:

(please outline the student's responsibilities)



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The School's responsibilities are to:

(please outline the school's responsibilities)

Student's Signature

Employer Signature

Training Coordinator Signature

Date:

-Monitoring Action Plan-

(please describe the methods that will be used for monitoring and recording of the training)

Ref No

Work Task:

By who:

Target Date:

Completed on:



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-Assessment Strategy-
(please describe briefly the assessment strategy that will be followed during and after the training)

Learning Objectives

No	Description of learning objective	Training Coordinator Comments
Duration:		
	Targets (eg: Theoretical and Practical Skills, Personal Skills and Competences etc.)	Student Comment
	<ul style="list-style-type: none"> ▪ ▪ ▪ 	Employer / Supervisor Comment

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No	Description of learning objective	Training Coordinator Comments
Duration:		
	Targets (eg: Theoretical and Practical Skills, Personal Skills and Competences etc.)	Student Comment
	<ul style="list-style-type: none"> ▪ ▪ ▪ 	Employer / Supervisor Comment

(Repeat as many times as necessary)

All participants must agree to the following:

1. All participants will try to to comply with the aforementioned in the maximum extend.
2. The Work-Based Learning experience shall be directly related to the career interest expressed by the student.
3. Safety instructions will be provided by the employer.
4. This agreement may be terminated, after consultation with the coordinator, for due cause or for unforeseen business conditions.
5. The Work-Based Learning program shall conform to all federal, state, and local labor laws while providing the student with a variety of working experiences.
6. The Work-Based Learning program shall provide an evaluation of participants after the experience.
7. All participants are responsible for monitoring and evaluating the experience according to the training coordinator's instructions.
8. Participants should engage to communication as much as possible in order to ensure smooth implementation of the program.
9. The leader of coordination of the Work Based learning program is the training coordinator from the school.
10. The student will remain at the Work-Based site for the agreed-upon time period.
11. All participants are responsible of informing the training coordinator for unforeseen difficulties and problems that may come up.

Student's Signature	
Employer Signature	
Training Coordinator Signature	
Date:	