**Work experience placements for school students**

*Notice of Claim*

**Notice of Claim – Students on Work Experience Placement**

**Privacy statement**

The Department of Education (the department) is collecting the information on this form in accordance with the *Information Privacy Act 2009* (Qld)and s. 426 of the *Education (General Provisions) Act 2006* (Qld)in order to manage insurance claims in relation to student work experience. The information will only be accessed by authorised employees within the department. All of this information will be given to the Queensland Government Insurance Fund for the purpose of processing any claims for insurance coverage as required by the *Education (Work Experience) Act 1996* (Qld). Your information will not be given to any other person or agency unless you have given us permission or we are required by law to do so.

***YOUR DETAILS***

|  |  |
| --- | --- |
| **Insured:** | Bodies or Employers nominated by the Director-General of Education and state and non-state students participating in work experience organised and approved by the Director-General. |
| **School name:** |  |
| **Contact name:**  **(e.g. Principal)** |  |
| **Telephone:** |  |
| **Email address:** |  |
| **Address:** |  |

|  |  |
| --- | --- |
| **Particulars of occurrence likely to result in personal injury and/or property loss or damage claim** | |
| **Date of occurrence:** |  |
| **Exact place of occurrence:** |  |
| **Explain what happened**  **and how did it occur:** |  |
| **Name and address of person injured or owners of property lost or damaged:** |  |
| **With regard to lost or damaged property, has any estimate of cost become available? If so, please provide details:** |  |

|  |  |
| --- | --- |
| **Witness *(Provide names, addresses, telephone number and details of relationship to injured party/property damage.)*:** |  |

***CLAIM***

|  |  |
| --- | --- |
| **Has a report of personal injury and/or personal damage been made to you by a third party claimant? If so, by whom and when?:** |  |
| **Have any claims been made on you either verbally or in writing? *(Provide details and enclose any third party correspondence.)*:** |  |
| **Name of person to contact at Insured (i.e. school) in order to obtain further information *(Provide their telephone number and address if different from details mentioned previously on front page.)*:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| I hereby declare that the foregoing particulars are true and correct to the best of my knowledge and belief. | | | |
| **Date:** |  | **Principal’s signature:** |  |

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| NOTE: YOU ARE REMINDED THAT UNDER NO CIRCUMSTANCES SHOULD YOU ADMIT ANY LIABILITY OR MAKE ANY OFFER OR ENTER INTO ANY CORRESPONDENCE WITH ANY THIRD PARTY WHICH MAY RESULT IN A CLAIM UNDER YOUR POLICY. |

Please forward the following documentation:

NOTE: Any repair or replacement invoices must incorporate the GST component separately..

***Work experience agreement form (copy of original)***

***Incident/Accident report or statements***

***Third party correspondence (tax invoices, quotations, letters of demand) etc.***

with completed claim form to:

*EMAIL:*  [VETinSchools@qed.qld.gov.au](mailto:VETinSchools@qed.qld.gov.au)

or

Student Work Experience Claims

State Schools Division

Department of Education Floor 19

PO Box 15033

CITY EAST QLD 4002