

[Date]

[Insert address]

Dear [insert]

Placements for ECU Students at [insert]

We are pleased that [organisation name] is prepared to offer Work Integrated Learning (**WIL**) experiences for our School of Science Computing and Security students. We thank your organisation for assisting students to gain valuable experience in their field of study.

Further to the discussions between ECU and your organisation, I am writing to confirm the arrangements for the WIL experiences. Details regarding the roles and responsibilities of the students, ECU and your organisation in relation to the WIL experiences are set out in the attached WIL Guidelines for Industry and Community Collaborators (**Guidelines**).

We confirm that the WIL experiences and the arrangements set out in the WIL Guidelines for Industry and Community Collaborators do not create a relationship of partnership, employment or joint venture between your organisation, ECU and the relevant students. Should your organisation and the student choose on your own volition to enter into an employment relationship this shall be a private arrangement not involving ECU and it will be necessary to ensure your insurance extends to cover your student. You agree that, unless an employment relationship is entered into with the relevant students, the WIL experiences will be supernumerary to your staffing requirements.

In the conduct of WIL experiences, your organisation should take steps to minimise students' exposure to hazards as far as reasonably practicable. This should include having an appropriate Occupational Health and Safety Management System in place that sets out processes for the reporting and controlling of hazards, accidents and incidents and that our students are inducted into these processes.

ECU will provide general (public) liability, personal accident work experience, professional indemnity and medical malpractice (*where applicable*) insurance to its students where the WIL experience is organised through and approved by ECU. This does not detract from your organisation's insurance requirements. We confirm your advice that your organisation has professional indemnity, personal accident, public liability and workers compensation insurance policies, suitable for the WIL experience. You agree that you will contact ECU immediately if your insurance arrangements change.

The arrangements set out in this letter agreement will continue to apply until we mutually agree otherwise or either party gives 3 months' written notice.

We will liaise with you separately to agree on the proposed dates and scheduling of the WIL experiences. When making these arrangements we will also advise you which of the various ECU units referred to in the Guidelines the proposed WIL experiences relate to and whether there are any specific requirements different to those stated in the Guidelines.

Please sign and return the attached copy of this letter to confirm your mutual understanding and acceptance of the arrangements detailed above and in the Guidelines. You may also agree to these terms through your conduct, that is, if we do not receive any response from you and you proceed to host our students for WIL experiences.

Please sign and return the attached copy of this letter to confirm your acceptance of the arrangements detailed above and in the Guidelines.

If you have any questions, please do not hesitate to contact [contact person].

Yours faithfully,

[ECU contact]

I accept the terms outlined in this letter and the attached Guidelines as an authorised representative [insert name of institution].

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Signature of authorised representative

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Date

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Name of authorised representative

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Position of authorised representative