



Placement Schedule

to the Student Placement Head Agreement (Non-clinical vocational placements)

Item	Details
Item 1 NTG Agency	Department of <insert>
Item 2 Agency Representative Person responsible for Agency Student Placements	Contact person and position: Address: Postal address: Email:
Item 3 Agency Student Supervisor Person responsible for supervision of the Student	Name: Telephone: Email:
Item 4 CDU Representative Person responsible for CDU's Student Placements	Contact person and position: Address: Postal address: Telephone: Email:
Item 5 CDU Student Supervisor Student's academic supervisor	Name: Telephone: Email:
Item 6 Student	Name: Address: Telephone: Email:
Item 7 Course	Course name: Course code: Educational objectives:
Item 8 Workplace	Location/Facilities:
Item 9 Placement Period	Commencement date: Completion date:
Item 10 Additional Requirements	Criminal History Check required: Yes/No Clearance Notice required: Yes/No

	<list any additional requirements, e.g. specific Agency policies, immunisation requirements, supervision requirements, applicable research guidelines>
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By executing this Placement Schedule, the parties agree:

1. The Student is enrolled in the Course with CDU and it is a requirement of the Course that the Student undertakes a Placement.
2. The NTG Agency has agreed to provide a Placement for the Student.
3. This Placement Schedule is a schedule to the Student Placement Head Agreement (Non-clinical vocational placements) signed by CDU and NTG in pursuance of the CDU/NTG Partnership Agreement.
4. Completion and execution of this Placement Schedule will form a contract between CDU, NTG and the Student, which comprises the Agreed Terms in the Head Agreement and this Placement Schedule.
5. The Student has read the Agreed Terms and agrees participate in the Placement and be bound by the Agreed Terms insofar as they apply to the Student.

SIGNED by)
 (name of Student) in the presence of:)
) (Signature of Student)
)

 (Signature of Witness) Date: / /

 (Name of Witness)

SIGNED by)
 (name of delegate) for and on behalf of the)
NORTHERN TERRITORY OF AUSTRALIA)
 pursuant to a delegation under the *Contracts Act*) (Signature of Delegate)
1978 in the presence of:)
 Date: / /

 (Signature of Witness)

 (Name of Witness)

SIGNED by)
 (name of authorised person) for and on behalf of)
CHARLES DARWIN UNIVERSITY by its)
 authorised officer in the presence of:) (Signature of Authorised Person)
 Date: / /

 (Signature of Witness)

 (Name of Witness)