

DEFENCE WORK EXPERIENCE PROGRAM YOUTH PROTECTION RISK MANAGEMENT SUPPLEMENT

A Risk Assessment must be completed for every work experience placement prior to commencement. Services are encouraged to utilise existing Risk Assessment templates and forms in accordance with their respective Service WHSMS. This document is designed as a Youth Protection supplement to the Unit's Standing Risk Assessment which should be used to identify and assess the hazards and risks associated with this specific placement. In the absence of a Standing Risk Assessment, Part A – Supplementary Risk Management Document, can be utilised. This document must be reviewed and signed by an Authorising Officer.

Placement Scope			
Placement Name:			
Placement Dates:	From	To	Location:
Placement Appointments:	Officer Planning Activity (OPA): ¹		
	Work Experience Liaison Officer (WELO): ²		
	Person Conducting the Activity (PCA): ³		
	Officer Authorising Activity (OAA): ⁴		
Placement Description:			
Standard Placement Considerations			
Cancellations, Postponements and Program Changes:	This program may change, be postponed or be cancelled at short notice due to operational requirements, Covid-19 related restrictions and/or outbreaks, or unacceptable behaviour.		
Nominal Roll:	A Nominal Roll and Nominal Roll Cover sheet will be developed by the WELO that includes reference to Participants disclosed conditions (including cognitive, social, physical, medical and/or dietary). This will be provided to and must be signed off by the PCA.		
Medical Plan:	A medical plan must be developed and submitted with this application. The OPA must indicate closest medical facilities and routes, the medical evacuation plan as applicable to civilians for that base, base emergency evacuation point location, first aid equipment/first aid officer and Defence emergency contact numbers. The WELO must provide individual health plans for participants, where required, as part of the medical plan.		
Environmental:	Weather conditions are to be assessed on a day to day basis. However, an extreme weather management plan to be developed where appropriate. Any identified flora and fauna hazards relevant to the Defence Establishment is to be included in the placement safety brief where appropriate.		
Attendance:	All participants attending the placement are to submit a Defence Work Experience Agreement Form prior to the commencement of the placement, which is to inform the Nominal Roll and Risk Assessment.		

¹ Officer Planning Activity (OPA) is the nominated point of contact that will engage with the WELO in the planning and execution of the DWEP activity. The OPA and the Person Conducting the Activity (PCA) can be the same person.

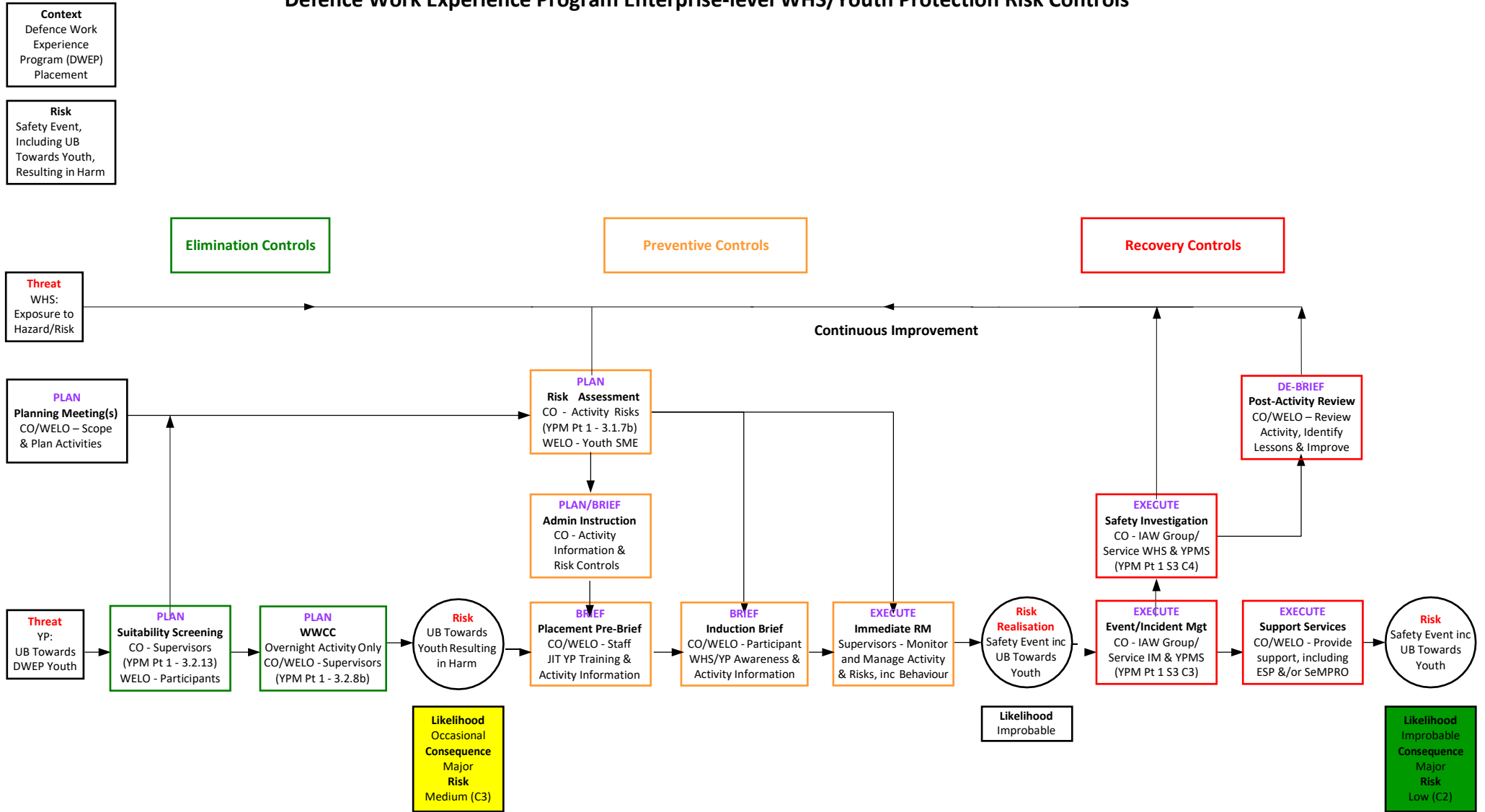
² Work Experience Liaison Officer (WELO) is an APS Defence member who is responsible for coordinating and delivering the placement, offering the placement to participants, and ensuring the placement complies with youth protection policy.

³ Person Conducting the Activity (PCA) is the person tasked with providing supervision to the participants for the duration of the activity.

⁴ Officer Authorising Activity (OAA) is the officer in command of a military unit or establishment, often known as the Commanding Officer. They have ultimate operational authority over the unit or establishment, and are the approving authority for a Work Experience activity to take place.

The OPA, PCA and OAA must be a Defence member – we cannot delegate responsibility to contractors.

Defence Work Experience Program Enterprise-level WHS/Youth Protection Risk Controls



Officer Planning Activity (OPA) Declaration		YES	NO
CO/WELO Planning Meetings – Determine scope and plan activities		<input type="radio"/>	<input type="radio"/>
I have read and understand unacceptable behaviour towards Defence Work Experience Program Youth. YOUTHPOLMAN Part 1, Section 1, Chapter 1 , YOUTHPOLMAN Part 1, Section 2, Chapter 2 , YOUTHPOLMAN Part 1, Section 2, Chapter 2, Annex C		<input type="radio"/>	<input type="radio"/>
WWCC has been conducted for overnight activity supervisors and a copy of confirmation has been provided to the WELO. <ul style="list-style-type: none"> YOUTHPOLMAN Part 1, Section 3, Chapter 2 - 3.2.8b: a WWCC is NOT required to support a Defence Youth Program activity, unless they are required to provide care and supervision of youth participating in an overnight activity. 		<input type="radio"/>	<input type="radio"/>
Risk Assessment has been conducted and a copy has been provided to the WELO. <ul style="list-style-type: none"> YOUTHPOLMAN Part 1, Section 3, Chapter 1 – 3.1.7b: Task/Activity Risk Assessment: WHS and youth protection risks must be considered and effectively managed as part of any deliberate and/or immediate risk assessment for a task/activity. In addition to WHS, youth safety factors must be considered with respect to DWEP participants’ age, maturity (including physical, emotional and behavioural status) and risk appetite 		<input type="radio"/>	<input type="radio"/>
I acknowledge my obligations under the Work Health and Safety Act 2011 (Cth) for the health and safety duties I and the Department of Defence owe to the participants during the Work Experience Placement.		<input type="radio"/>	<input type="radio"/>
Are the participants being transported throughout this placement? <ul style="list-style-type: none"> When transporting a single under 18 participant in any vehicle, two adults should be present whenever possible. 		<input type="radio"/>	<input type="radio"/>
I acknowledge that all activities are to have appropriate risk assessments in place specific to the activity and where it will be based. <ul style="list-style-type: none"> Appropriate PPE and dress code is to be worn and additional controls are to be implemented to account for age/skills/experience of participants. Activities are also only to be conducted by qualified personnel in accordance with SI/OIPs. States and Territories Education bodies may have restrictions with regards to some activities. Please clarify these excluded activities with your WELO. 		<input type="radio"/>	<input type="radio"/>
Are weapons being viewed, used or handled in this placement? <ul style="list-style-type: none"> Weapons displays are delivered IAW DSM – Part 62:66 Annex E Security Requirements for Display and Demonstrate of Weapons. DWEP participants cannot undertake any activities in the WTTS at this time. <u>They are able to enter WTTS and observe a demonstration.</u> States and Territories Education bodies may have restrictions with regards to weapons being viewed, used or handled. Please clarify these excluded activities with your WELO. 		<input type="radio"/>	<input type="radio"/>
OPA Name:		Signature:	
Unit:		Date: <i>(if completed as hard copy)</i>	
Rank:		Email:	
OPA Comments			

Work Experience Liaison Officer (WELO) Review and Acknowledgement		Yes	No	N/A
I have reviewed and assessed that all context-specific youth protection risk mitigation strategies are being adhered to, including: <ul style="list-style-type: none"> Unacceptable behaviour – Youth on Youth: Control measures can include, code of conduct, induction covering unacceptable behaviour and how to report it, appropriate supervision Unacceptable behaviour – Adult on Youth: Control measures can include, Youth Safety Training Level 1 and Level 2, WELO and/or DWEP Reservist present, Adult Code of Conduct signed by PCA, Just In Time Training, WWCC for Overnight Placements, suitability screening 		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have consulted with the OPA and PCA to ensure youth safety has been considered as part of the Unit WHS risk assessment, including factors such as DWEP participants' age, maturity (including physical, emotional and behavioural status) and risk appetite.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have provided Just In Time Training (either via sending appropriate training package or presenting package directly) to staff involved in the placement.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I acknowledge that the Nominal Roll has been referenced, particularly in relation to the Participants disclosed cognitive, social, physical, medical and/or dietary information (if any) as part of this approval.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Covid-19 <ul style="list-style-type: none"> I have advised Participants of Covid-19 protocols Provided them with the Covid-19 Risk Factors Advice and Acknowledgement Form and have advised they must present this upon arrival to their placement. Activities are planned on the basis that activities will not include elements of physical contact with another person My Placement Form includes advice to the participants to download relevant State and Territory app for COVID QR Check-ins on bases. Where it is not possible for patrons to have access to a smart phone, messes within the Defence Estate must achieve the State/Territory government requirements through the recording of the data gathered from the use of DCAC in the first instance. For training establishments where the volume of patrons transiting through the messes precludes the use of a DCAC, the record can be in the form of a spreadsheet or any other form of digital entry that can track customer check-ins and protects the privacy of your client. Placement is to have a COVID-19 checklist and is planned to ensure compliance with Defence 'preparing for a COVIDSafe workplace and COVID-19 Restrictions Matrix. 		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food is being provided and the Mess has been advised of participants' dietary requirements and/or allergies.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I acknowledge my obligations under the Work Health and Safety Act 2011 (Cth) for the health and safety duties I and the Department of Defence owe to the participants during the Work Experience Placement.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For overnight placements, I have sighted all supervising staff's WWCC/WWVP checks and lodged in the DWEP Staff Compliance Spreadsheet.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Name:		Email:		
Signature:				
Comments				

Person Conducting Activity (PCA) Declaration		Yes	No
I have read and understand unacceptable behaviour towards Defence Work Experience Program Youth. YOUTHPOLMAN Part 1, Section 1, Chapter 1 , YOUTHPOLMAN Part 1, Section 2, Chapter 2 , YOUTHPOLMAN Part 1, Section 2, Chapter 2, Annex C		<input type="radio"/>	<input type="radio"/>
I have read, understand and signed the Defence Youth Safe Code of Conduct (Adult) prior to supervising a work experience placement or activity and have provided a copy of this to the WELO. YOUTHPOLMAN Part 3, Section 2, Chapter 2, Annex A: Defence Youth Safe Code of Conduct (Adult)		<input type="radio"/>	<input type="radio"/>
In addition to the WHS risks identified for this placement, youth safety factors with respect to DWEP participants' age, maturity (including physical, emotional and behavioural status) and risk appetite have been identified and discussed with the WELO.		<input type="radio"/>	<input type="radio"/>
Will you be conducting water activities on this placement? <ul style="list-style-type: none"> • Prior to any water/water craft based activity, the supervisor of the activity must verbally confirm all participants can swim. • All water based activities are to be undertaken IWA Standard Risk Assessments in place specific to the pool/facility where the activity occurs. • Note: State/Territory Education Departments may have restrictions on waterbased activities; seek guidance from WELO 		<input type="radio"/>	<input type="radio"/>
Will you be conducting any specialised workplace/workshop activities on this placement? <ul style="list-style-type: none"> • PPE is required to undertake activity safely • All activities are conducted under appropriately qualified and skilled operators • Where specific dress code is required this is clearly communicated with WELO for inclusion on My Placement Form • In addition to overall site/activity inductions, participants are given safety inductions for all equipment, tools, machinery and instruments. 		<input type="radio"/>	<input type="radio"/>
Are the participants being transported throughout this placement? <ul style="list-style-type: none"> • When transporting a single under 18 participant in any vehicle, two adults should be present whenever possible. 		<input type="radio"/>	<input type="radio"/>
Will you be conducting any physical training activities on this placement? <ul style="list-style-type: none"> • All land based PT/AT is conducted IAW respective Service policy advice • Nominal Roll includes participant's pre-existing injuries, medical condition/s and self-rating of participants' level of fitness and any activity exclusions based on educational institutions insurance policy. • Land based PT activities to be conducted only by qualified PTI's, CFL's or MFL's • For the conduct of the Pre-enlistment Fitness Assessment (PFA), personnel authorised to conduct physical activities includes any member of the ADF of the rank of CPL(E) or above, posted to Defence Force Recruiting (DFR), who has been trained and deemed competent by an ADF PTI and successfully completed the DFR PFA Supervising Officer course. • Adventurous Training is to be conducted only by qualified UATI, UATL or A/UATL as appropriate based on specific adventurous activity being undertaken PTI or member conducting activity to adjust the intensity to reflect participant/s skill/fitness level. • Challenge by Choice Principles to be adopted. • PTIs to check to confirm fitness levels and any injuries/potential issues prior to activity • Participants who are not able to participate who are identified on the Nominal Roll to sit out 		<input type="radio"/>	<input type="radio"/>
Name:			
Email:			
Signature:			
Comments			

Placement Medical Plan (PCA/POC to complete sections unless otherwise indicated)			
Placement Name:			
Placement Dates:	From	To	Location:
Medical Facilities			
Closest Medical Facility:	<i>Route to facility:</i>		
Opening Hours:			
Contact Number:			
Alternate 24hr medical facility (If closest is not 24 hour):	<i>Route to facility:</i>		
Opening Hours:			
Contact Number:			
Medical Evacuation Plan			
Emergency Evacuation Point Location			
First Aid Equipment / First Aid Officer			
Communications: Detail the Defence emergency contact numbers for the placement			
Participant Declared Medical/Dietary/Allergy Information (WELO to complete)			
Have any participants declared medical conditions, dietary requirements or allergies on their agreements?			
<input type="radio"/> NO	<input type="radio"/> YES	<i>If YES - Please see Nominal Roll for specifics. Any medical/treatment plans will be attached to Nominal Roll by WELO.</i>	

Officer Authorising Activity (OAA) Review and Approval			
I acknowledge my obligations under the Work Health and Safety Act 2011 (Cth) the health and safety duties I and the Department of Defence owe to the participant during the Work Experience Placement.			<input type="checkbox"/>
I acknowledge my obligations under YOUTHPOLMAN Part 1, Section 3, Chapter 1 – Defence Youth Protection Risk Management (refer to 3.1.7) and YOUTHPOLMAN Part 1, Section 3, Chapter 3 – Youth Protection Complaint and Event/Incident Management .			<input type="checkbox"/>
I will ensure appropriate supervision of the Participants during the Work Experience Placement. I acknowledge my obligation to advise all ADF personnel involved in this work experience activity who will engage with young people, to complete Defence Youth Safety Training Level 1 - Awareness and Defence Youth Safety Training Level 2 - Practitioner as required (available on Campus).			<input type="checkbox"/>
I acknowledge that a Risk Assessment has been created with reference to the DWEP Nominal Roll, particularly in relation to the Participant's disclosed cognitive, social, physical, medical and/or dietary information (if any).			<input type="checkbox"/>
For overnight placements only: I acknowledge that supervisors on overnight placements have undergone relevant suitability screening and hold valid WWCC/WWVP as applicable to their state.			<input type="checkbox"/>
OAA Name:		Signature:	
Unit:		Date: <i>(if completed as hard copy)</i>	
Rank:		Email:	
Comments			

Part A – Supplementary Risk Management Document

Supplementary Risk Management						
<p><i>A supplementary risk assessment is to be completed for all planned activities that have not already been identified and addressed above. When identifying risks and hazards associated with an activity, consider the ‘Likelihood’ of occurring and the ‘Consequence’. Use the rating system below to get the outcome. Note: Residual Risk Scores must be ‘LOW’ or ‘VERY LOW’ for work experience placements. This section does not need to be completed if a separate unit risk assessment is undertaken and obtains a score of ‘Low’ or ‘Very Low’. A copy is to be provided to the Work Experience Liaison Officer and attached as a reference to this assessment.</i></p>						
Likelihood		Consequence				
		Minor (A)	Moderate (B)	Major (C)	Critical (D)	Catastrophic (E)
(5)	Almost Certain	(A5) LOW	(B5) MEDIUM	(C5) HIGH	(D5) VERY HIGH	(E5) VERY HIGH
(4)	Probable	(A4) LOW	(B4) MEDIUM	(C4) HIGH	(D4) HIGH	(E4) VERY HIGH
(3)	Occasional	(A3) VERY LOW	(B3) LOW	(C3) MEDIUM	(D3) HIGH	(E3) HIGH
(2)	Improbable	(A2) VERY LOW	(B2) VERY LOW	(C2) LOW	(D2) MEDIUM	(E2) MEDIUM
(1)	Rare	(A1) VERY LOW	(B1) VERY LOW	(C1) VERY LOW	(D1) LOW	(E1) LOW
Rating		Likelihood Description				
(5)	Almost Certain	Expected to occur during the planned activity. Is known to occur frequently in similar activities.				
(4)	Probable	Expected to occur in most circumstances, but is not certain. Is known to have occurred previously in similar activities.				
(3)	Occasional	Not expected to occur during planned activity. Sporadic but not uncommon.				
(2)	Improbable	Not expected to occur during the planned activity. Occurrence conceivable but considered uncommon.				
(1)	Rare	Not expected to occur during the planned activity. Occurrence conceivable but not expected to occur.				
Rating		Consequence Description				
(E)	Catastrophic	Multiple fatalities OR 10 or more injuries / illnesses categorised as ‘critical’.				
(D)	Critical	Single fatality and/or permanent total disability OR 10 or more injuries or illnesses categorised as ‘major’.				
(C)	Major	Serious injury or illness requiring immediate admission to hospital as an inpatient and/or permanent partial disability OR 10 or more injuries/illnesses categorised as ‘moderate’.				
(B)	Moderate	Injury or illness causing no permanent disability, which requires non- emergency medical attention by a registered health practitioner OR 10 or more injuries or illnesses categorised as ‘minor’.				
(A)	Minor	Minor injury or illness that is treatable in the workplace (first aid) or by a registered health practitioner, with no follow up treatment required.				

Supplementary Risk Management (only use this if your unit does not have their own Risk Management forms)							
<p><i>This is the individual activity based risks and hazards informed by the placement program. An example has been provided.</i></p> <p><i>C = Consequence / L = Likelihood</i></p>							
Other Identified Hazards/Risks	Initial Risk Score			Additional control measures to be implemented <i>These controls will relate to the specific activity, location and conditions.</i>	Residual Risk Score		
	C	L	Score		C	L	Score
<p>Example <i>Risk of pain, discomfort and/or injuries to hands, arms, spine from overuse of or improper use of workstations during research and administrative tasks.</i></p>	A	1	Very Low	<p>Example</p> <ul style="list-style-type: none"> • <i>Workspace and equipment set up to with consideration to ergonomic suitability i.e. designed to ensure good posture, minimise screen glare, minimise risk of RSI etc.</i> • <i>Participants receive induction on commencement, covering WHS, including WHS Induction Ergonomic Assessment form (proforma attached)</i> • <i>Work planned to include regular breaks or change of activity.</i> 	A	1	Very Low