FACULTY OF ENGINEERING

PROFESSIONAL EXPERIENCE REQUIREMENTS

INTRODUCTION
As a requirement for the award of the degree of Bachelor of Engineering, full-time candidates are required to obtain at least twelve weeks of approved professional experience.

Note: If a student is unable to obtain twelve weeks continuous employment, a number of shorter periods (totalling at least 12 weeks) is acceptable. In this case one report covering all periods is required. It is preferable that candidates undertake this requirement during the summer recess, between the third and fourth years of the BE degrees, and between the fourth and fifth years for the combined degrees. Exemption from the requirement will be given to a part-time student who has passed one or more of the Professional Option subjects.

ENQUIRIES
All enquiries must be directed to the appropriate professional experience co-ordinator, whose name will be posted on the appropriate discipline notice board.

OBJECTIVES
The objectives of undertaking this experience are to:-

- Expose the student to an industrial/technical environment in order to appreciate the various activities associated with engineering in industry;
- Allow the student to observe and undertake tasks in practical aspects of investigation, design and construction of engineering works as a complement to theoretical studies;
- Instil confidence in the student to take up positions that require responsibility, motivation, decision making and communication with other people in the market place; and
- Facilitate recognition of the degree by professional bodies such as the Institution of Engineers, Australia.

EMPLOYMENT
It is the student's own responsibility to make every possible effort to obtain vacation employment by contacting various industries and companies, or by making applications in response to advertisements that appear in the news media or on Discipline or Faculty of Engineering Notice Boards. Students are advised to seek vacation employment well in advance of recess periods.

APPLICATION FOR APPROVAL
It is a requirement that such employment be approved on the attached "Application for Approval of Professional Experience" form by the professional experience co-ordinator well in advance of taking up the employment. Overseas students who plan to take vacation employment in their own country, must first seek the approval of the professional experience co-ordinator.

TRAINING
Students are advised to plan a program of training with the help and consent of a senior engineer of the organisation who should be a corporate member of the Institution of Engineers, Australia, or equivalent, and who

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will act as a supervisor. The name and address of this supervisor will be included on the Approval form. If necessary, this supervisor will be contacted by the relevant Discipline to ascertain the progress of the student.

REPORT
At the completion of the training, the student is required to produce and submit an engineering report. This report must be processed on A4 size sheets, around 4,000 words in length (word count on title page), and securely fixed inside a folder. Illustrations and relevant photographs, computer programs and drawings may be added as an appendix to the main report. It is stressed that the report should be technical in nature and any relevant technical information must conform to SI Units.

The following information must be included in the Report:

- **Application for Approval form** - detailing the organisation where the student worked, the position held, name and position of supervisor and period of employment;
- Description and duration of work on the project(s), significant aspects of the student's activity on the project(s) assigned by the work supervisor and the contribution of the student (provide evidence where possible);
- Student's personal evaluation of the organisation and the work force;
- Critical evaluation and comments by the student on the usefulness of the training and its relevance to university education;
- Safety and environmental procedures adhered to within the industry.

APPROVAL OF REPORT BY INDUSTRY SUPERVISOR
A copy of the Report must be submitted to the work supervisor for comment.

It is a requirement that the employer complete a "Certificate of Service" (attached), which indicates the period of employment of the student and acknowledges that the report prepared by the student has been received and that it is a true representation of the activities undertaken. The employer will also be asked to rate the student according to technical ability, co-operation and general attitude.

This "Certificate of Service" (original copy) is to be attached to the back of the report submitted to the appropriate Discipline. This report is to be presented for any period of professional experience which is to be credited towards the student's 12 week requirement, e.g. if a student spends six weeks with one employer in one year and a further six weeks with another the next year, a report covering each period should be presented for approval to the appropriate industry supervisor. The approved reports should then be combined for the final presentation.

ASSESSMENT AND DUE DATES FOR SUBMISSION
Reports will be examined critically to evaluate the student's input and the results of the experience. Assessment will be made on the basis of the content, presentation and employer's report. Unsatisfactory reports may result in the student being required to repeat the industrial training for 12 weeks and the submission of an additional report, or the submission of an amended report. Reports **are to be submitted** to the appropriate professional experience co-ordinator, via the EEC, before **5.00pm on the Friday of week five, of the session** immediately following the period of employment. Extension of submission date will be given only under exceptional circumstances and provided the student has obtained the consent of the co-ordinator prior to the required submission date. The co-ordinator may distribute reports to an appropriate academic for assessment. The co-ordinator will keep a record of submitted reports. The result (satisfactory or unsatisfactory) will then be passed to the Faculty Assessment Committee at the end of the session following submission of the report.

WORK EXPERIENCE LIABILITY COVER
Attention is drawn to the attached form for work experience placement application for Public Liability. Please refer to this form for details of coverage.

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DISTRIBUTION OF FORMS

WHAT STUDENTS NEED TO DO

“Notice to Employer”

This form is to be completed and signed by the Discipline Co-ordinator and presented to the Employer upon completion.

“Application for Approval”

This form is to be completed, signed and submitted to the Discipline Professional Experience Co-ordinator who will authorise it and return it to the student to be included with the report.

“Employer’s Report – Certificate of Service”

This form is to be attached to the report and submitted to the Discipline Co-ordinator.

“Professional Experience Placement Application/Insurance Form”

This form is to be completed by the student (only if not being paid for work) and forwarded to the ENROL in ENGG 454

OH&S Unit
University of Wollongong
FACULTY OF ENGINEERING

Application for Approval of Professional Experience

Professional Experience Requirement for Engineering Students

Discipline: ____________________________________________ Engineering

Name: ____________________________________________ Student ID Number: ____________________

Degree Course: _________________________________________________

Name and Address of Employer: ________________________________________________________________

Name of Industry Supervisor: ______________________________________________

Professional Qualifications: ________________________________________________

Position: ____________________________________________ Contact Phone No: ____________________

Type of Experience Expected: _______________________________________________

________________________________________

Period of Employment: From: _______________ To: _______________ Weeks: __________

Signature of Student: __________________________________________ Date: ________________

Approved on behalf of Employer (Supervisor) Approved on behalf of Discipline (Co-Ordinator)

________________________________________   ___________________________________________

Date: ___________________________________ Date: _______________________________________

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**FACULTY OF ENGINEERING**  
**Employer's Report - Certificate of Service**

*Professional Experience Requirement for Engineering Students*

<table>
<thead>
<tr>
<th>Student Name: ___________________________</th>
<th>Student ID Number: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer: _______________________________</td>
<td>_________________________________</td>
</tr>
<tr>
<td>Address: ________________________________</td>
<td>_________________________________</td>
</tr>
<tr>
<td>Supervisor: _____________________________</td>
<td>_________________________________</td>
</tr>
<tr>
<td>Qualifications: _________________________</td>
<td>_________________________________</td>
</tr>
<tr>
<td>Contact Phone No: ________________________</td>
<td>Fax No: __________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer's Rating (Please tick the appropriate box)</th>
<th>Excellent</th>
<th>Average</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical Ability:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-operation:</td>
<td></td>
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<tr>
<td>Standard of Work:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Conduct:</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Comments: (In particular, is the report an accurate description of work undertaken?)

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Signed on behalf of the organisation by

Name: ___________________________  
Position: ___________________________  
Signature: ___________________________  
Date: ___________________________
To Whom it May Concern

Re: Name:

As a requirement for graduation, full-time engineering students are required to obtain at least twelve weeks of approved professional experience. This letter indicates that __________________________ is currently enrolled in the degree of Bachelor of Engineering in __________________________ and is in the ________________ year of his/her course.

Yours sincerely,

Discipline Leader
# FACULTY OF ENGINEERING

**PROFESSIONAL EXPERIENCE**

**GRADING SHEET FOR UNIVERSITY MARKERS**

(Industrial Experience for Full-Time Students) (✓ Included □ Not included)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Student No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title Page:</td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td>□ Position Held □ Period of Employment □ ( No of weeks □ )</td>
</tr>
<tr>
<td>Supervisor</td>
<td>□ Position Held □ Name □ Phone □</td>
</tr>
<tr>
<td>FAX</td>
<td>□ Comments:</td>
</tr>
</tbody>
</table>

Major activities of the organisation: □

Comments:

Details of experience areas: □

For each project/activity undertaken provide comments as follows:

What was undertaken? What did you learn from this? How does it correlate with your University work?

Comments:

Length (4000 words): □

Word Count on Front Page □

Certification by Supervisor: □

Comments:

Content: Satisfactory/Unsatisfactory

Presentation: Satisfactory/Unsatisfactory

Result: Satisfactory/Unsatisfactory-Resubmit/Unsatisfactory-Repeat

Marker: Date: / /

*Please return the completed grading sheet to the Professional Experience Co-ordinator*
UNIVERSITY OF WOLLONGONG
WORK EXPERIENCE PLACEMENT APPLICATION FOR PUBLIC LIABILITY COVERAGE

This form is to be completed by the participating student including the full address of placement organization, including contact details, then signed by the Faculty Officer or Academic Supervisor. The completed form is to be returned to the Occupational Health & Safety Unit for processing. Processing will take approximately 1-2 weeks. The Work Experience Placement Application/Insurance Form will then be sent to the Placement Organisation. A copy will be held on file in the Occupational Health & Safety Unit.

STUDENT DETAILS
(Student must sign and date the declaration on the following page of this document)

SURNAME:
FIRST NAME:
STUDENT NUMBER:
SUBJECT No/COURSE CODE:
DEPARTMENT:

PLACEMENT ORGANISATION:
(Please include address & contact Person)
Company:
Address:
Contact Person:

DOCUMENTS WILL BE FORWARDED TO THE PLACEMENT ORGANISATION DETAILED ABOVE

PLACEMENT DATES: FROM: TO:

DEPARTMENTAL AUTHORISATION
In signing this declaration you are confirming that the student meets the following criteria and is therefore eligible for coverage. The student:

a) is an enrolled student of the University of Wollongong
b) is not employed by the placement organisation
c) will not receive any remuneration in respect of her or his participation in the work experience or community placement program
d) the work experience or community placement program is a "prescribed” component of the student’s course of study OR is considered to be relevant to the student’s course of study

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Exception: Where the professional/work experience is a prescribed component of the course. Often, these placements are done outside of normal session times.

These placements are eligible for Public Liability Coverage as long as it is written in the University of Wollongong Handbook as a prescribed component of the course.

SIGNATURE: 

SIGNATORY NAME & DATE: 

POSITION: 

EXTENSION: 

EXTENT OF COVERAGE

This Public Liability policy, in terms of Professional/Work Experience, applies to the liability of the student where the student has been negligent. Public Liability Coverage does not cover the student for personal injury.

NOTE

All professional/work experience is unpaid. If the student receives wages from the host employer, the student is deemed to be a worker and as such, covered by the hosts Workers Compensation policy with the Public Liability coverage becoming null and void.

STUDENT DECLARATION

I have read and understood the conditions relating to the provision of Public Liability Coverage for this professional/work experience placement.

_________________________________________ 
Please Print Your Name

_____________________________  /__/__/ 
Signature                          Date