



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***. It is preferable that candidates undertake work experience during the summer recess. ***Students should enrol in ENGG454 for the session immediately after completing 12 weeks of professional experience.***

Exemption from the Professional Experience requirement will be given to students who have passed one or more of the Professional Option subjects.

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.

ENQUIRIES

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

OBJECTIVES

The objectives of undertaking this experience is 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 coordinator well in advance of taking up the employment. Students may undertake approved vacation employment in another country, if they have the opportunity to do so.

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 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). You must produce a title page which includes your name, company name, supervisor/s name and project title, length of time you spent on the project. 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:

- **Title Page** – providing student's name, student ID number, project name, word count and Professional Experience Coordinator's name;
- **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, cooperation 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

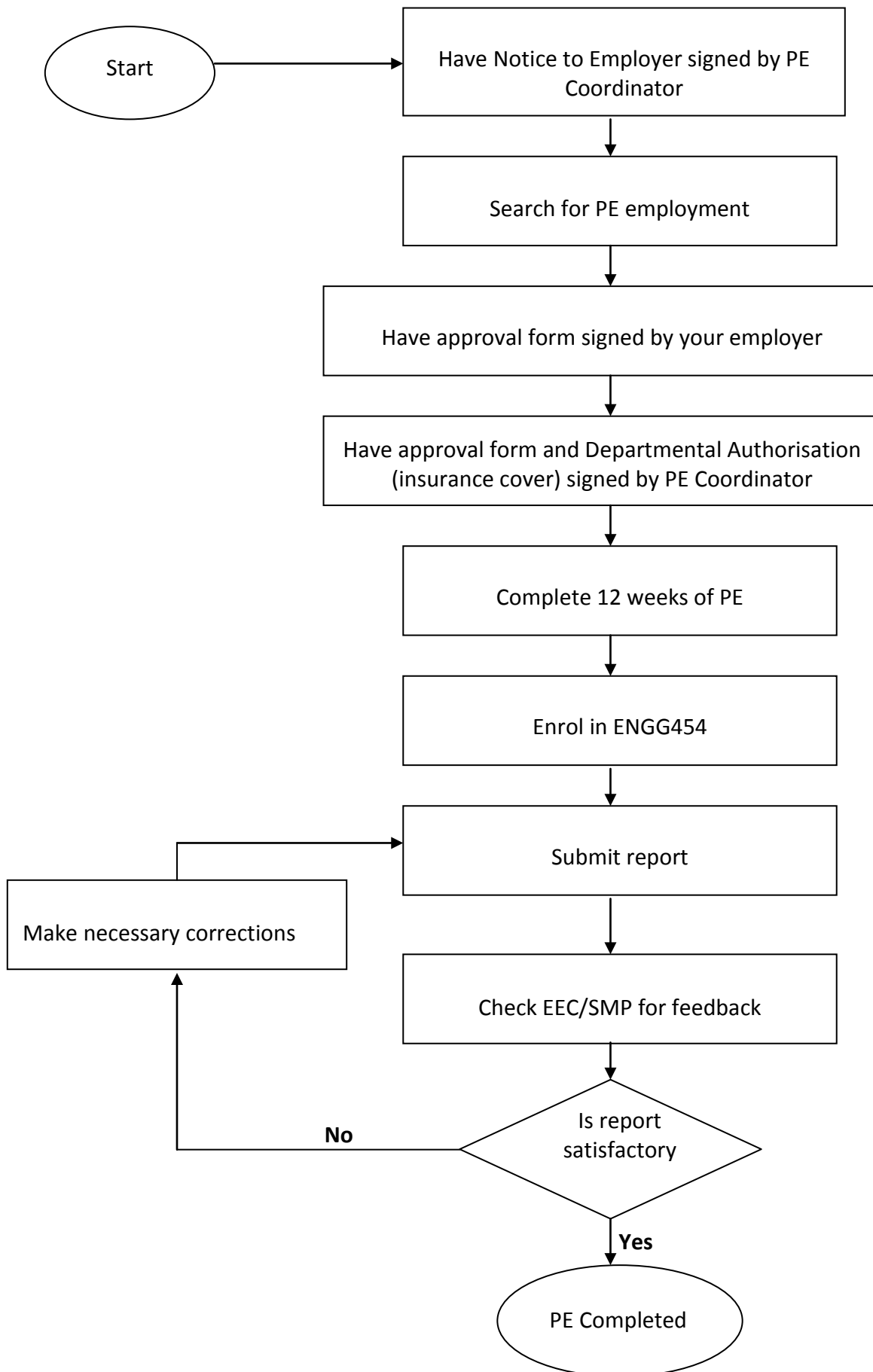
Reports will be examined critically to evaluate the student's input and the results of the experience. Assessment will be made on the basis of the content, presentation and employer's report. Unsatisfactory reports may result in the student being required to repeat the industrial training for 12 weeks and the submission of an additional report, or the submission of an amended report. Reports **are to be submitted** to the appropriate professional experience coordinator, 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 coordinator prior to the required submission date. The coordinator may distribute reports to an

appropriate academic for assessment. The coordinator will keep a record of submitted reports. The result (satisfactory or unsatisfactory) will then be recorded by the coordinator on SMP.

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.

Professional Experience Flowchart



DISTRIBUTION OF FORMS

WHAT STUDENTS NEED TO DO

“Notice to Employer”

This form, when required by the employer, is to be completed and signed by the *Discipline Coordinator* and **presented to the Employer** upon completion.

“Application for Approval”

This form is to be **completed, signed and submitted** to the *Discipline Professional Experience Coordinator* 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 Coordinator*.

“Student External Work Placement Application/Insurance Form”

This form is to be completed by the student (only if not being paid for work), signed off by the discipline professional experience coordinator and **submitted to the EEC** for processing. The EEC will then forward this document to Financial Services.

You need to ENROL in ENGG 454 Professional Experience and choose the appropriate instance i.e. autumn or spring.

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FACULTY OF ENGINEERING

Professional Experience Requirement for Engineering Students

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 Coordinator

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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 (Coordinator)

Date: _____

Date: _____

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FACULTY OF ENGINEERING
Employer's Report - Certificate of Service

Professional Experience Requirement for Engineering Students

Student Name: _____ Student ID Number: _____

Employer: _____

Address: _____

Supervisor: _____

Qualifications: _____

Contact Phone No: _____ Fax No: _____

Employer's Rating
 (Please tick the appropriate box)

Excellent	Average	Poor

Technical Ability:

Initiative:

Cooperation:

Standard of Work:

Conduct:

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

Signed on behalf of the organisation by

Name: _____

Position: _____

Signature: _____

Date: _____

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FACULTY OF ENGINEERING
PROFESSIONAL EXPERIENCE
GRADING SHEET FOR UNIVERSITY MARKERS

(Industrial Experience for Full-Time Students)

(Included Not included)

Name:		Student No:	
Title Page:	Employer <input type="checkbox"/>	Position Held <input type="checkbox"/>	Period of Employment <input type="checkbox"/> (No of weeks <input type="checkbox"/>)
	Supervisor <input type="checkbox"/>	Position Held <input type="checkbox"/>	Name <input type="checkbox"/> Phone <input type="checkbox"/>
	FAX <input type="checkbox"/>	Comments:	
Major activities of the organisation: <input type="checkbox"/>			
Comments:			
Details of experience areas: <input type="checkbox"/>			
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): <input type="checkbox"/>			
Word Count on Front Page <input type="checkbox"/>			
Comments:			
Certification by Supervisor: <input type="checkbox"/>			
Comments:			
Content: Satisfactory/Unsatisfactory			

Presentation: Satisfactory/Unsatisfactory			

Result: Satisfactory/Unsatisfactory-Resubmit/Unsatisfactory-Repeat			
Marker:		Date: / /	
<i>Please return the completed grading sheet to the Professional Experience Coordinator</i>			

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FINANCIAL SERVICES

STUDENT EXTERNAL WORK PLACEMENT APPLICATION

This form is to be completed by any student participating in a work placement ("Placement") with an external organisation ("Placement Organisation") and signed by the appropriate officer (see reverse for details) before forwarding to the Finance and Insurance Officer in Finance for processing.

STUDENT DETAILS *(to be completed by the student)*

SURNAME:

FIRST NAME:

STUDENT NUMBER:

COURSE NAME AND CODE:

DEPARTMENT:

PLACEMENT ORGANISATION:

POSTAL ADDRESS OF
PLACEMENT ORGANISATIONNAME & EMAIL OF CONTACT
PERSON AT PLACEMENT
ORGANISATIONDESCRIPTION OF
PLACEMENT ACTIVITIESANY INFORMATION
RELEVANT TO MY
ABILITY TO PARTICIPATE
IN THIS PLACEMENT
INCLUDING ANY PRE-
EXISTING MEDICAL
CONDITIONS

PLACEMENT DATES:

FROM:

TO:



STUDENT DECLARATION

- I confirm that I will not be receiving payment during my Placement.
- I agree that I will only perform activities that fall within the scope of the Description of Activities described above. If I am asked to do other activities I will first notify the University to obtain approval to do so.
- I will attend my Placement only during the Placement Dates above. If these dates change I will notify the University.
- I have read the Product Disclosure Statement for Personal Accident Insurance located at <http://staff.uow.edu.au/finance/insurance/policy/spa/index.html> and confirm I have disclosed all information relevant to my ability to participate in my Placement including any pre-existing medical conditions. I indemnify and hold harmless the University from any loss, expense or damage suffered or incurred by it as a consequence of my failure to make a true and full disclosure of any relevant information, including information relating to any pre-existing medical condition(s) I have.

Please Print Your Name

Signature

____/____/____

Date



DEPARTMENTAL AUTHORISATION *(to be completed by authorised Faculty delegate)*

The purpose of this Departmental Authorisation is to ensure that the University's insurance cover will extend to protect the student while they are on Placement. Cover will only be extended where certain criteria (set out in the Declaration below) are met.

A student participates in a work placement ("Placement") with an external organisation ("Placement Organisation") if they engage in any of the following:

- a. Student Professional Experience
This is a Placement required by a course and approved, organised and managed by UOW.
- b. Work Experience in Industry
This is a Placement required by a course, approved by UOW but organised and managed by the student and the Placement Organisation.
- c. Work Experience
This is a Placement not required by a course, approved by UOW but organised and managed by the student and the Placement Organisation.

This Departmental Declaration must be completed and sent to the Finance and Insurance Officer whenever a student participates in a Placement that is not covered by a Student Placement Agreement between the University and the Placement Organisation. If you are unsure if the University has a Student Placement Agreement with a Placement Organisation, please contact the Finance and Insurance Officer on 4221 5264.

This Departmental Authorisation should only be signed by the individual directly responsible for the subject/course in which the student is enrolled for the purposes of the Placement.

DECLARATION

In signing this Form and for the purposes of insurance cover, you:

- (a) confirm that the above student:
 - (i) is a current and enrolled student of the University of Wollongong;
 - (ii) is not employed by the Placement Organisation;
 - (iii) will not receive any remuneration in respect of her or his participation during the Placement;
- (b) confirm that the Placement is relevant and applicable to the student's course of study; and
- (c) as the properly authorised Faculty delegate, approve for the student to undertake the Placement.

NAME & POSITION

FACULTY / DEPT

DEPARTMENTAL SIGNATURE

DATE

INSURANCE COVER

Upon submission of this form, a letter detailing the insurance arrangements for the Placement will be forwarded to the Placement Organisation listed above. A copy will also be provided to you and the student.

For further information regarding insurance for students while on Placement contact Financial Services on 4221 5264.