

# Workplace Learning Agreement

## 1. Participant Information

Student/Learner Name:

Program/Course:

Educational Institution:

## 2. Host Organization Information

Organization Name:

Supervisor Name:

Supervisor Contact:

## 3. Placement Details

Position/Role:

Start Date:

End Date:

Total Hours:

## 4. Learning Outcomes & Objectives

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## 5. Roles and Responsibilities

- Learner agrees to follow workplace policies and complete assigned tasks.
- Host organization will provide supervision and feedback.
- Institution will support both learner and host as needed.

## 6. Agreement & Signatures

By signing below, all parties agree to the terms and conditions outlined in this agreement.

Learner

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Date:

Host Supervisor

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Date:  
**Institution Representative**

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Date: