

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

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

Date:

Host Supervisor

Date:
Institution Representative

Date: