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| Record of Assessment ***HLTWHS001 - Participate in workplace health and safety*** |
| **Name of candidate** |       |
| **Name of assessor** |       |
| Use the checklist below as a basis for judging whether the candidate’s document and supporting evidence meets the required competency standard. |
|  | **Yes No** |
| 1. **Follow safe work practices.**
 |  [ ]  [ ]  |
| 1.1 Follow workplace policies and procedures for safe work practices.1.2 Identify existing and potential hazards in the workplace, report them to designated persons, and record them according to workplace procedures.1.3 Follow workplace emergency procedures. |  |
|  |
| 1. **Implement safe work practices.**
 |  [ ]  [ ]  |
| 2.1 Identify and implement WHS procedures and work instructions.2.2 Identify and report incidents and injuries to designated persons according to workplace procedures.2.3 Take actions to maintain safe housekeeping practices in own work area |  |
| 1. **Contribute to safe work practices in the workplace.**
 | [ ]  [ ]  |
| 3.1 Raise WHS issues with designated persons according to organisational procedures.3.2 Participate in workplace safety meetings, inspections and consultative activities.3.3 Contribute to the development and implementation of safe workplace policies and procedures in own work area. |  |
| 1. **Reflect on own safe work practices.**
 | [ ]  [ ]  |
| * 1. Identify ways to maintain currency of safe work practices in regards to workplace systems, equipment and processes in own work area.

4.2 Reflect on own levels of stress and fatigue, and report to designated persons according to workplace procedures.  |  |
| **How candidate meets unit of competency requirements.** |
|  | **Yes** | **No** |
| * Critical knowledge evidence requirements met
 | [ ]  [ ]  |
| * Critical performance skills demonstrated
 |  |
| * Underpinning knowledge and understanding demonstrated
 | [ ]  [ ]  |
| * Key competencies / Employability skills demonstrated at appropriate level
 | [ ]  [ ]  |
| * Sufficiency of evidence
 | [ ]  [ ]  |
| **Evidence provided for this unit of competency is…** | **Valid** | **Authentic** | **Current** |
| [ ]  | [ ]  | [ ]  |
|  |  |  |  |
|  |
| **Candidate is:** |
| **Competent**  | [ ]  | **Not competent currently**  | [ ]  |
| **Withdrawn after participation** | [ ]  | **Withdrawn without participation**  | [ ]  |
| **Not seeking assessment**  | [ ]  |  |  |
| **Signed by the assessor:**       **Date:**       |
| **Feedback to candidate**      |

Request for Qualification Issue

**As the assessor this course working with this learner, my records indicate the following Statements of Attainment/Qualification should be issued as detailed below:**

|  |  |
| --- | --- |
| ***Student’s Name:*** |        |
| ***Organisation:*** |        |

**Qualification/Statements of Attainment Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Statement/s of Attainment***Units of Competency to be issued*  |  [ ] *Tick if SOA required* | **Full Qualification*****CHC30221 Certificate III in School Based Education Support*** | [ ] *Tick if Qualification required* |
| [ ]  | CHCDIV001 Work with diverse people\* | [ ]  | CHCDIV001 Work with diverse people\* |
| [ ]  | CHCEDS033 Meet legal and ethical obligations in an education support environment\* | [ ]  | CHCEDS033 Meet legal and ethical obligations in an education support environment\* |
| [ ]  | CHCEDS034 Contribute to the planning and implementation of educational programs\* | [ ]  | CHCEDS034 Contribute to the planning and implementation of educational programs\* |
| [ ]  | CHCEDS035 Contribute to student education in all developmental domains\* | [ ]  | CHCEDS035 Contribute to student education in all developmental domains\* |
| [ ]  | CHCEDS036 Support the development of literacy and oral language skills\* | [ ]  | CHCEDS036 Support the development of literacy and oral language skills\* |
| [ ]  | CHCEDS037 Support the development of numeracy skills\* | [ ]  | CHCEDS037 Support the development of numeracy skills\* |
| [ ]  | CHCEDS057 Support students with additional needs in the classroom\* | [ ]  | CHCEDS057 Support students with additional needs in the classroom\* |
| [ ]  | CHCEDS059 Contribute to the health, safety and wellbeing of students\* | [ ]  | CHCEDS059 Contribute to the health, safety and wellbeing of students\* |
| [ ]  | CHCEDS060 Work effectively with students and colleagues\* | [ ]  | CHCEDS060 Work effectively with students and colleagues\* |
| [ ]  | CHCEDS061 Support responsible student behaviour\* | [ ]  | CHCEDS061 Support responsible student behaviour\* |
|  | **Electives** |  | **Electives** |
| [ ]  | BSBTEC202 Use digital technologies to communicate in a work environment e | [ ]  | BSBTEC202 Use digital technologies to communicate in a work environment e |
| [ ]  | CHCEDS040 Search and access online information e | [ ]  | CHCEDS040 Search and access online information e |
| [ ]  | CHCPRT001 Identify and respond to children and young people at risk e | [ ]  | CHCPRT001 Identify and respond to children and young people at risk e |
| [ ]  | HLTAID012 Provide First Aid in an education and care setting e | [ ]  | HLTAID012 Provide First Aid in an education and care setting e |
| [ ]  | CHCECE054 Encourage understanding of Aboriginal and/or Torres Strait Islander peoples’ cultures e | [ ]  | CHCECE054 Encourage understanding of Aboriginal and/or Torres Strait Islander peoples’ cultures e |
| [ ]  | HLTWHS001 Participate in work health and safety e | [ ]  | HLTWHS001 Participate in work health and safety e |
| [ ]  | CHCEDS041 Set up and sustain learning areas e | [ ]  | CHCEDS041 Set up and sustain learning areas e |

(15 units of competency required – 10 core units\* and 5 elective unitse)

**Assessor’s Review**

|  |  |  |
| --- | --- | --- |
| ***As the assessor I have…*** | ***Yes*** | ***No*** |
| Checked that all units of competency listed have been judged *Competent*.  | [ ]  | [ ]  |
| Checked other Training Package requirements have been addressed (e.g. foundation skills, essential elements, etc.)  | [ ]  | [ ]  |
| Confirmed Literacy and Numeracy requirements as per qualification have been achieved. | [ ]  | [ ]  |
| ***Comments:***      |

|  |  |
| --- | --- |
| ***Assessor’s Name:*** |       |
| ***Assessor’s Email:*** |       | ***Assessor’s Telephone:*** |       |
| ***Authorised by School/Institution Representative:*** |        |
| ***Date:*** |        |
| ***Processed at RTO by:*** |       |
| ***Date:*** |       |

***Note:*** *The issuing of the qualification incurs a fee. This may change so contact TEIA for the most current arrangement. An invoice will accompany the printed documents and be returned by post to either the candidate or the funding organisation.*