



Employer resource assessment – Air Conditioning & Refrigeration apprentices (UEE32220/UEE32225)

This apprenticeship is designed to allow the apprentice to obtain a restricted Electrical work licence after the apprenticeship is completed.

TO BE COMPLETED AND RETAINED BY THE SUPERVISING REGISTERED TRAINING ORGANISATION FOR AUDIT PURPOSES

This form is made available to assist a supervising registered training organisation (SRT0) to comply with its obligations under the *Further Education and Training Act 2014* (FET Act) and the Skills Assure supplier (SAS) agreement.

When assessing whether an employer can provide, or arrange to provide, the supervision, facilities and range of work to support an apprenticeship in UEE32225, the employer must provide work-based tasks for the following units.

- UEERA0031 Diagnose and rectify faults in air conditioning and refrigeration control systems
- UEERA0050 Install refrigerant pipe work, flow controls and accessories
- UEERA0081 Select refrigerant piping, accessories and associated controls

The SRT0 must assess an employer's capacity to provide the facilities, range of work and supervision, and complete the employer resource assessment (ERA) when preparing the training plan required for the apprenticeship. Throughout the life of the training plan, the SRT0 has an ongoing role in monitoring the employment arrangements to ensure there are no changes which impact the employer's capacity to provide the training. The monitoring process must also provide for a review of the apprentice's progress.

The ERA must be reviewed as a minimum every 3 months. Evidence of all reviews must be retained by the SRT0. [Attachment 1](#) may be used to record details of ERA reviews.

If the employer is required to arrange for a temporary transfer to another employer (new employer) to obtain the required range of work, the SRT0 must conduct an assessment of the new employer to ensure the required range of work and appropriate supervision is available. The assessment can be an addendum to this ERA document.

If the employer is unable to provide, or arrange to provide, the training resources necessary to achieve the outcomes of the training plan, and is unwilling/unable to negotiate alternative arrangements, the SRT0 **must not commit** to the training plan and **must immediately** advise the employer, the Apprentice Connect Australia Provider (Provider) and the Department of Trade, Employment and Training (DTET).

Where the employer is a GTO or PEO

In the case of a group training organisation (GTO) or principal employer organisation (PEO), the SRT0 is required to complete an ERA for the first host employer's workplace. For permanent transfers where the new employer is a GTO/PEO, an ERA is required to be completed for the first host employer. It is not a requirement to review the ERA at 3 monthly intervals for GTO/PEO contracts.

Privacy declaration

In completing this form, the SRT0 named confirms that where any personal information is included in the answers provided, the SRT0:

- has taken all reasonable steps to be satisfied that the relevant person has provided their consent (either express or implied) to the SRT0 disclosing that information to DTET; or
- is satisfied that it is otherwise authorised or required under a law to disclose that information to DTET or the Provider.

For the purposes of this form, 'personal information' means information or an opinion, including information forming part of a database, whether true or not, and whether recorded in material form or not, about an individual whose identity is apparent, or can reasonably be ascertained from the information or opinion.





Employer resource assessment

WORKPLACE AND QUALIFICATION DETAILS		
Employer trading name:		
Host employer trading name: (GTO/PEO contracts only)		
Workplace where apprentice/s will be employed: (Site of employment where apprentice/s works. For mobile or multiple locations, use the main workplace or head office details AND clarify the workplace is varied.)		
Apprentice's name: (Note: Where there is more than 1 apprentice in the workplace, the SRT0 must complete APPENDIX TWO.)		

RANGE OF WORK, WORKPLACE FACILITIES AND EQUIPMENT (Note: Please attach additional information if there is insufficient space)		
<p>Employers must be able to provide apprentices work tasks aligned to the qualification being undertaken. Work tasks must allow an apprentice to select components, install, set up, test, fault find, repair and maintain refrigeration systems and equipment that apply to food storage and preservation, and air conditioning and air distribution equipment in buildings and premises. There must be a collection of evidence that demonstrates a quantum of work experience that meets the advisory targets as set by a representative industry stakeholder group.</p> <p>Note: The negotiation and establishment of the training plan requires the SRT0 to identify any units of competency where the workplace cannot provide suitably aligned tasks. The training plan specifies these units must be recorded in the ERA with the alternative arrangements for training and assessment.</p>		
THE FOLLOWING WORK-BASED TASKS ARE ESSENTIAL FOR THIS APPRENTICESHIP. CAN THE EMPLOYER PROVIDE THE FOLLOWING TASKS WITHOUT HOSTING, AND IF YES INDICATE HOW OFTEN:		
Description/Tasks	Yes/No	Availability of work tasks
Installation		
Pipe work that includes suction, liquid, discharge and control lines	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Never
Flow controls that include both liquid and vapour flow controls – mechanical and electronic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Never
Accessories that include pipe work fittings, hand, isolation, solenoid, check and reversing valves, filters/dryers, sight glasses, accumulators and oil separators.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Never
Diagnose and Rectify faults		
Work which assists the apprentice to develop an understanding of diagnosing and rectifying faults in air conditioning and refrigeration control systems.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Never





The following competencies cannot be simulated in an off-the-job training environment and if work-based tasks are not available, a temporary transfer to a new employer will be required.

Detail below how the training and assessment for any of the below competencies will be undertaken if the employer cannot or can only rarely provide aligned workplace tasks. The description must include temporary transfer details of the new employer, and the SRT0 must conduct an assessment of the new employer to ensure they have the range of workplace tasks and supervision to support the identified units. Please note the employer **must** notify the Department of any temporary transfer/s as per section 24 and 25 of the Further Education and Training Act 2014.

UEE32220/UEE32225 UNIT OF COMPETENCY	TEMPORARY TRANSFER DETAILS e.g. new employer, location, duration, approx. timing
UEERA0031 Diagnose and rectify faults in air conditioning and refrigeration control systems	
UEERA0050 Install refrigerant pipe work, flow controls and accessories	
UEERA0081 Select refrigerant piping, accessories, and associated controls	

List any other units of competency from the training plan for which the employer is unable to provide aligned workplace tasks. Detail the units and how the training and assessment will be undertaken by the SRT0 e.g. temporary transfer, simulated assessment, utilise group training.

Note: If an employer can only provide work-based tasks for part of a unit list here the unit and the gaps which need to be addressed and how that will be done

Unit of competency detail	How training and assessment will occur

Provide any other details related to the units of competency which require hosting and/or simulation:



**SUPERVISION OF TRAINING** (Note: Please attach additional information if there is insufficient space)

List the appropriately qualified staff employed by the employer who will supervise the apprentice/s in the workplace.

The apprentice/s must have immediate access to the appropriately qualified staff in the same workplace and predominately during the same working hours. The SRTTO **must** sight and retain a copy of the supervisor's electrical licence that is aligned to the apprenticeship being undertaken.

Name:		Electrical licence No:	
Trade qualification:		Licence type:	
Name:		Electrical licence No:	
Trade qualification:		Licence type:	
Name:		Electrical licence No:	
Trade qualification:		Licence type:	

If required, please provide additional details about supervisors to demonstrate that adequate training and supervision requirements are in place to complete the apprenticeship.

NUMBER OF APPRENTICES TO QUALIFIED PERSONS (SUPERVISORS)

As part of the SRTTO's responsibility to assess an employer's capacity to provide adequate training arrangements, the SRTTO is to determine if the apprentice's supervisor can:

- supervise other apprentices at the workplace where the apprenticeship is being completed; or
- **not** supervise any other apprentices at a workplace where the apprenticeship is being completed.

Total number of full-time apprentices in the workplace:

Total number of school-based or part-time apprentices in the workplace:

Number of qualified/licensed supervisors in the workplace:

Where there are more apprentices than qualified persons, provide a summary of why supervision arrangements have been determined sufficient and **complete APPENDIX ONE.**



**Penalties apply for any false or misleading information provided to DTET.**

EMPLOYER DECLARATION				
<p>I, the employer, declare that:</p> <ul style="list-style-type: none">• Should the circumstances change in relation to my ability to continue to provide, or arrange to provide, the apprentice/s with the facilities, range of work, supervision and/or training, I will advise the supervising registered training organisation.• I understand any changes to the circumstances in relation to my ability to provide, or arrange to provide, the apprentice/s with the facilities, range of work, supervision and/or training may require an amendment to the apprenticeship qualification, a transfer (temporary or permanent) or cancellation of the training contract. <p>And if hosting arrangements are required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none">• If indicated yes above I am aware of the need to transfer my apprentice/s to an alternative employer and as per section 24 of the FET Act and will notify DTET when the transfer takes effect.				
Employer's signature:		Date:		
Name of authorised person signing for the employer: (please print)				

SRTO DECLARATION				
<p>I, the SRTO, declare that:</p> <ul style="list-style-type: none">• I have conducted a thorough and accurate assessment of the employer's facilities, range of work, supervision and ability to train the apprentice and have determined the employer is able to provide, or arrange to provide, the facilities, range of work, supervision and training required under the apprentice's training plan.• I will, at intervals of no greater than 3 months, check progress against the advisory targets as contained with Exemplar (or similar system), and if progress is not occurring work to resolve the progression issues with the employer and apprentice, if progression issues cannot be resolved I will immediately contact DTET.• Where alternative arrangements regarding the range of work and/or facilities have been identified, these arrangements have been clearly identified in the apprentice's training plan, and if a temporary transfer is required I will conduct an assessment of the 'new' employer in line with being able to provide the identified work tasks.• I understand that DTET will audit the process I conducted in assessing the employer's facilities, range of work, supervision and ability to train the apprentice.• I understand where it is determined that there are issues with the evidence and/or process in relation to the assessment of the employer's facilities, range of work, supervision and/or ability to train the apprentice, recovery of funds and/or cancellation of the training contract may result.				
Name of SRTO:				
ERA completed via: (X all that apply)	<input type="checkbox"/> Workplace visit	<input type="checkbox"/> Phone or email	<input type="checkbox"/> Skype (or similar)	Other:
SRTO's signature:		Date:		
Name of authorised person signing for SRTO: (please print)				

APPRENTICE DECLARATION (Note: For additional apprentices complete APPENDIX TWO)			
<p>I, the apprentice, declare that:</p> <ul style="list-style-type: none">• I understand the requirement to keep up to date with Exemplar (or alternative training record), and I need to have obtained a sufficient range of workplace experience prior to the completion of my apprenticeship.• I have been provided the opportunity to review the completed ERA• If I am required to temporarily transfer to another employer to undertake work tasks not available with my current employer, I will notify my current employer if the work tasks required are not being provided.			
Name of apprentice:			
Apprentice's signature:		Date:	



This APPENDIX ONE is only required where there is more than 1 apprentice to a supervisor.

Apprentice name	Previous experience (if applicable)	Contract mode (PT, FT, SAT)	Current stage (1 st , 2 nd , 3 rd , 4 th)	Supervision level required	Supervisor name	Additional supporting information
e.g. Jane Smith	Nil	Full-time	1st	Direct	Johann Doe	Johann works with Jane on the same site.
e.g. John Smythe	Recommencing apprentice	Full-time	3rd	Broad	Janet Doe/Johann Doe	Janet works between sites and checks on John regularly throughout the work day. Johann also monitors John's progress.
e.g James Smithe	Nil	School-based	1st	Direct	Janet Doe	James is placed under the direct supervision of Janet and travels with her when required.

This **APPENDIX TWO** is only required when there is more than 1 apprentice covered by this ERA.

(Note: Copy this page and attach to the ERA if there is insufficient space.)

APPRENTICE DECLARATION			
<p>I, the apprentice, declare that:</p> <ul style="list-style-type: none"> • I understand the requirement to keep up to date with Exemplar (or alternative training record), and I need to have obtained a sufficient range of workplace experience prior to the completion of my apprenticeship. • I have been provided the opportunity to review the completed ERA • If I am required to temporarily transfer to another employer to undertake work tasks not available with my current employer, I will notify my current employer if the work tasks required are not being provided. 			
Name of apprentice:			
Apprentice's signature:		Date:	

APPRENTICE DECLARATION			
<p>I, the apprentice, declare that:</p> <ul style="list-style-type: none"> • I understand the requirement to keep up to date with Exemplar (or alternative training record), and I need to have obtained a sufficient range of workplace experience prior to the completion of my apprenticeship. • I have been provided the opportunity to review the completed ERA • If I am required to temporarily transfer to another employer to undertake work tasks not available with my current employer, I will notify my current employer if the work tasks required are not being provided. 			
Name of apprentice:			
Apprentice's signature:		Date:	

APPRENTICE DECLARATION			
<p>I, the apprentice, declare that:</p> <ul style="list-style-type: none"> • I understand the requirement to keep up to date with Exemplar (or alternative training record), and I need to have obtained a sufficient range of workplace experience prior to the completion of my apprenticeship. • I have been provided the opportunity to review the completed ERA • If I am required to temporarily transfer to another employer to undertake work tasks not available with my current employer, I will notify my current employer if the work tasks required are not being provided. 			
Name of apprentice:			
Apprentice's signature:		Date:	

Attachment 1

The following table may be used to record details of ERA reviews conducted by the SRT0

EMPLOYER WORKPLACE ARRANGEMENTS AND/OR TRAINING RECORD (EXEMPLAR OR SIMILAR) REVIEWED			
Date	Review type (X all that apply)	Review method (e.g. phone, visit)	SRT0 representative
	<input type="checkbox"/> Workplace review <input type="checkbox"/> Training record review		
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