**Employer resource assessment – Community Care (specified)**

**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 (SRTO) to comply with their obligations under the *Further Education and Training Act 2014* (FET Act), and Skills Assure supplier (SAS) agreement where applicable.

The employer resource assessment (ERA) is an approved form under the FET Act. It is a report about an employer’s capacity to provide or arrange to provide the range of work, facilities and supervision required under a training plan. A [guide for SRTOs](https://www.publications.qld.gov.au/dataset/apprenticeship-and-traineeship-operational-policies-and-procedures/resource/c9c2ff9b-6dd9-4dee-83ce-8ff2448434f9) has been developed to assist with completing the ERA.

Apprenticeships and traineeships are employment-based training pathways to obtaining a qualification or statement of attainment. It is essential the employment arrangements, including facilities, range of work and supervision, support the apprenticeship or traineeship outcome. When a registered training organisation agrees to become the SRTO for an apprentice or trainee, the SRTO must assess the employer’s capacity to provide the facilities, range of work and supervision, and complete the ERA when preparing the training plan required for the apprenticeship or traineeship.

The FET Act requires the SRTO to take all reasonable steps to ensure the training plan is signed:

* within 3 months of the start of the apprenticeship or traineeship, or
* within 28 days of a change of SRTO or permanent transfer of the training contract.

Throughout the life of the training plan, the SRTO has an ongoing role in monitoring the employment arrangements to ensure there are no changes which impact the employer’s capacity to continue to provide the training. The ERA must be reviewed as a minimum every 3 months, which aligns with the process of reviewing the training record. However, changes to the training plan and/or the commencement of additional trainees in the workplace in the same qualification will also require the SRTO to review the ERA. Evidence of all reviews must be retained by the SRTO. [Attachment 1](#Attachment_1) may be used to record details of ERA reviews.

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 SRTO **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).

**Supervision arrangements for specified qualifications**

[Part B of this form](#Part_B) is used to record the agreement of an employer and trainee for flexible supervision arrangements. A trainee must be deemed eligible in accordance with the requirements outlined in the department’s [Adequate training arrangements – Specified community care qualifications](https://www.publications.qld.gov.au/dataset/apprenticeship-and-traineeship-operational-policies-and-procedures/resource/e260022d-01fa-45e7-893d-716a3eeaaddb) document.

**Where the employer is a GTO or PEO**

In the case of a group training organisation (GTO) or principal employer organisation (PEO), the SRTO 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 SRTO named confirms that where any personal information is included in the answers provided, the SRTO:

* has taken all reasonable steps to be satisfied that the relevant person has provided their consent (either express or implied) to the SRTO 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**

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| **Workplace and qualification details** | | |
| **Employer trading name:** |  | |
| **Host employer trading name:**  (GTO/PEO contracts only) |  | |
| **Workplace where trainee/s will be employed:**  (Site of employment where trainee/s works. For mobile or multiple locations, use the main workplace or head office details AND clarify the workplace is varied.) | |  |
| **Qualification name:** |  | |
| **Trainee’s name:**  (**Note:** Where there is more than 1 trainee in the workplace the SRTO **must** complete APPENDIXTWO.) | |  |

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| **Range of work** (**Note:** Please attach additional information if there is insufficient space.) | |
| **Employers *must* be able to provide trainees with work tasks aligned to the qualification being undertaken.**  **Note:** The negotiation and establishment of the training plan requires the SRTO 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. | |
| **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 SRTO e.g. temporary placement, simulated assessment, group training. | |
| **Unit of competency detail** | **How training and assessment will occur** |
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| **workplace facilities and equipment** | |
| **Is the employer capable of supplying adequate facilities and equipment in this workplace?**  Yes  No  **(Must be completed)** | |
| **If not, provide details of the alternative arrangements being put in place to address this issue:** | |
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| **Number of trainees to qualified persons (supervisors)** | |
| As part of the SRTO’s responsibility to assess an employer’s capacity to provide adequate training arrangements, the SRTO is to determine if the trainee’s supervisor can:   * supervise other trainees at a workplace where the traineeship is being completed; or * **not** supervise any other trainees at a workplace where the traineeship is being completed.   Where an SRTO determines a supervisor can supervise other trainees, the SRTO must justify how an employer is providing adequate supervision.  For the purposes of the training arrangements under the *Further Education and Training Act 2014*, a **qualified person** for traineeships is:   1. A person who has satisfactorily completed a traineeship in the trainee's calling, and is the holder of a completion certificate issued under an Act, **or** 2. A person who holds a certificate of recognition issued under an Act, certifying the person has the necessary skills and knowledge in the calling, **or** 3. A tradesperson in the trainee's calling, as defined under a specific industrial instrument, **or** 4. A person who holds a relevant qualification in the traineeship calling, **or** 5. A person individually, or persons collectively, who has/have documented competence (achieved through an RPL or training pathway) or demonstrated competence in all the competencies the employer is required to provide training for under the trainee’s training plan (**note – cannot be a person or persons currently undertaking the same traineeship**), **or** 6. A person undertaking a traineeship, at a higher level than the trainee's, whose traineeship incorporates supervisory or coordinating skills and who has documented competence (achieved through an RPL or training pathway) in at least one of the competencies the employer is required to provide to the trainee under the training plan and who is supervised by a person who qualifies under (1), and/or (4) and/or (5).   And, where a worker is required to have a licence to practise the calling/occupation, the qualified person holds a current worker’s licence. | |
| **Total number of trainees in the identified qualification, in the workplace:** |  |
| **Total number of school-based or part-time trainees in the identified qualification, in the workplace:**  (**Note:** School-based cannot be deemed eligible for flexible supervision as per Part B of this document.) |  |
| **Number of qualified persons in the workplace that can provide training under the trainee’s training plan:** |  |
| Where there are more trainees than qualified persons, provide a summary of why supervision arrangements have been determined sufficient and **complete APPENDIX ONE.** | |
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| **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 trainee/s in the workplace.**  The trainee/s must have immediate access to the appropriately qualified staff in the same workplace and predominantly during the same working hours. If a copy of the supervisor’s qualification is not made available to the SRTO, the SRTO must document relevant experience and alignment to the definition of a qualified person. | | | |
| **Name:** |  | **Qualification/certificate:** |  |
| If the supervisor’s qualification/certificate is not in the same calling/occupation as the traineeship, please provide additional information to support the supervisory requirements. | | | |
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| If the designated supervisor does not hold a relevant qualification, please provide details of how they demonstrate competence as per criterion 5 in the definition of a qualified person, listed on page 3. | | | |
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| **Name:** |  | **Qualification/certificate:** |  |
| If the supervisor’s qualification/certificate is not in the same calling/occupation as the traineeship, please provide additional information to support the supervisory requirements. | | | |
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| If the designated supervisor does not hold a relevant qualification, please provide details of how they demonstrate competence as per criterion 5 in the definition of a qualified person, listed on page 3. | | | |
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| **Name:** |  | **Qualification/certificate:** |  |
| If the supervisor’s qualification/certificate is not in the same calling/occupation as the traineeship, please provide additional information to support the supervisory requirements. | | | |
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| If the designated supervisor does not hold a relevant qualification, please provide details of how they demonstrate competence as per criterion 5 in the definition of a qualified person, listed on page 3. | | | |
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**Penalties apply for any false or misleading information provided to DTET.**

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| **Employer declaration** | | | | |
| I, the employer, declare that:   * From the date of commencement of the training contract, I have provided, or arranged to provide, the trainee with the facilities, range of work, supervision and training required under the trainee’s training plan. * Should the circumstances change in relation to my ability to continue to provide, or arrange to provide, the trainee 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 trainee with the facilities, range of work, supervision and/or training may result in DTET cancelling the training contract. | | | | |
| **Employer’s signature:** |  | | **Date:** |  |
| **Name of authorised person signing for the employer:** (please print) | |  | | |

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| **SRTO declaration** | | | | | | |
| I, the SRTO, declare that:   * I have conducted a thorough and accurate assessment of the employer’s facilities, range of work, supervision and ability to train the trainee and have determined that the employer is able to provide, or arrange to provide, the facilities, range of work, supervision and training required under the trainee’s training plan. * Where alternative arrangements regarding the range of work and/or facilities have been identified, these arrangements have been clearly identified in the trainee’s plan. * 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 trainee. * 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 trainee, recovery of funds and/or cancellation of the training contract may result. | | | | | | |
| **Name of SRTO:** |  | | | | | |
| **ERA completed via:**  (X all that apply) | Workplace visit | Phone or email | Skype (or similar) | Other: | | |
| **SRTO’s signature:** |  | | | | **Date:** |  |
| **Name of authorised person signing for SRTO:** (please print) | |  | | | | |

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| **Trainee declaration** (**Note:** For additional trainees complete appendix two) | | | |
| I, the trainee, declare that:   * I understand the requirement to keep up to date with training, and that I need to have obtained a sufficient range of workplace experience prior to the completion of my traineeship. | | | |
| **Name of trainee:** |  | | |
| **Trainee’s signature:** |  | **Date:** |  |

**Flexible supervision arrangements and agreement**

**This Part B of the ERA is only to be used once a determination is made by the SRTO that a trainee is eligible for flexible supervision arrangements. These arrangements must be agreed to and supported by the trainee, employer and SRTO and comply with the requirements outlined in the department’s** [**Adequate training arrangements – Specified community care qualifications**](https://www.publications.qld.gov.au/dataset/apprenticeship-and-traineeship-operational-policies-and-procedures/resource/e260022d-01fa-45e7-893d-716a3eeaaddb) **document.**

**This Part B, once completed, must be retained by the employer and SRTO for audit purposes.**

***These arrangements are not to be used for school-based trainees.***

Flexible supervision arrangements may apply to trainees in the following qualifications only:

* Aged Care Worker – Certificate III in Individual Support
* Community Care Worker – Certificate III in Individual Support
* Community Services Worker – Certificate III in Community Services
* Disability Support Worker – Certificate III in Individual Support
* Disability Worker – Certificate IV in Disability
* Aged Care Activity Worker – Certificate IV in Ageing Support
* Mental Health Worker – Certificate IV in Mental Health
* Mental Health Peer Worker (Consumer) – Certificate IV in Mental Health
* Mental Health Peer Worker (Carer) – Certificate IV in Mental Health.

**Minimum requirements for the trainee to work without supervision**

Has the trainee demonstrated knowledge and skills appropriate to the role in the following?  Yes  No

* workplace health and safety
* workplace and client communication
* workplace participation and time management
* working independently in a community services setting.

The employer and trainee are aware of, and have a plan in place for, the following key activities:  Yes  No

* Provide orientation for the trainee for each new client/location by a supervisor or appropriately qualified co-worker.
* A supervisor is accessible to the trainee in person or by phone for the duration of the planned work.
* Regular face-to-face supervision meetings must occur at intervals of no less than once per week to provide adequate support and direction, to monitor the training plan, trainee work tasks and client care plans and obtain feedback from the trainee and clients to be used as evidence in the above mentioned progress meetings.
* Ensure the trainee’s work tasks are clearly defined and align with the clients care plan. (The work tasks must be made available to staff of DTET upon request.)

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| **Supervision of training** (**Note:** Please attach additional information if there is insufficient space.) |
| **List the arrangements in place to provide supervision to the trainee for the duration of all shifts:** |
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| **Agreement for flexible supervision arrangements** | | | | | | |
| **Name of authorised person signing for employer**: (please print) | | | |  | | |
| **Employer’s signature:** | |  | | | **Date:** |  |
| **Trainee’s name:** | |  | | | | |
| **Trainee’s signature:** | |  | | | **Date:** |  |
| **Name of authorised person signing for SRTO**: (please print) | | |  | | | |
| **SRTO’s signature:** |  | | | | **Date:** |  |

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

**If utilising flexible supervision arrangements there must be a separate Part B of the ERA signed for each trainee undertaking flexible supervision arrangements.**

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| **Trainee name** | **Cert III or IV** | **Previous experience**  (if applicable) | **Contract mode**  (PT, FT, SAT) | **Current stage**  (new, <50%, >50%) | **Supervisor name** | **Additional supporting information** |
| e.g. Jane Smith | Cert III | Nil | School-based | New | Johann Doe | Jane will be working directly with Johann when on site. |
| e.g. John Smythe | Cert IV | Existing worker - labourer | Full-time | <50% | Janet Doe | N/A |
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**This APPENDIX TWO is only required where there is more than 1 trainee in the workplace in the identified qualifications (Cert III or Cert IV).**

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

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| **TRAINEE declaration** | | | |
| I, the trainee, declare that I understand the requirement to keep up to date with training, and that I need to have obtained a sufficient range of workplace experience prior to the completion of my traineeship. | | | |
| **Name of trainee:** |  | | |
| **Trainee’s signature:** |  | **Date:** |  |

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| **TRAINEE declaration** | | | |
| I, the trainee, declare that I understand the requirement to keep up to date with training, and that I need to have obtained a sufficient range of workplace experience prior to the completion of my traineeship. | | | |
| **Name of trainee:** |  | | |
| **Trainee’s signature:** |  | **Date:** |  |

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| **TRAINEE declaration** | | | |
| I, the trainee, declare that I understand the requirement to keep up to date with training, and that I need to have obtained a sufficient range of workplace experience prior to the completion of my traineeship. | | | |
| **Name of trainee:** |  | | |
| **Trainee’s signature:** |  | **Date:** |  |

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| **TRAINEE declaration** | | | |
| I, the trainee, declare that I understand the requirement to keep up to date with training, and that I need to have obtained a sufficient range of workplace experience prior to the completion of my traineeship. | | | |
| **Name of trainee:** |  | | |
| **Trainee’s signature:** |  | **Date:** |  |

**Attachment 1**

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

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| **Employer workplace arrangements reviewed** | | |
| **Date** | **Review method (e.g. phone, visit)** | **SRTO representative** |
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