



Employer resource assessment – Plumbing Apprentices (CPC32420)

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 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 SRT0s](#) has been developed to assist with completing the ERA.

Apprenticeships and traineeships are employment-based training pathways to obtain 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 SRT0 for an apprentice or trainee, the SRT0 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 SRT0 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 SRT0 or permanent transfer of the training contract.

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 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 apprentices in the workplace in the same qualification will also require the SRT0 to review the ERA. 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 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.)	
Qualification name:	
Apprentice's name: (Note: Where there is more than 1 apprentice in the workplace, the SRTO must complete APPENDIX TWO.)	
RANGE OF WORK (Note: Please attach additional information if there is insufficient space)	
Employers must be able to provide, or arrange to provide apprentices work to complete the mandatory streams (Water and Sanitary). A minimum of two other streams (Drainage, Mechanical Services, Roofing and Gas Services) must be identified as per the training package requirements. Note: The negotiation and establishment of the training plan requires the SRTO to identify any units of competency outside of the mandatory streams (Water and Sanitary) where the workplace cannot provide suitably aligned tasks. The training plan specifies these units must be recorded in the ERA with the alternate arrangements for training and assessment.	
What sector of the plumbing industry is the employer engaged in? Please document all sectors the employer is actively engaged in (e.g. drainage, roofing, gas services, water, sanitary).	
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
WORKPLACE FACILITIES AND EQUIPMENT	
Is the employer capable of supplying adequate facilities and equipment in this workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No (Must be completed)	
If not, provide details of the alternative arrangements being put in place to address this issue:	



**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 supervisor's plumbing licence which is aligned to the apprenticeship being undertaken.

Name:		Licence No:	
Trade qualification:		Licence type:	
Name:		Licence No:	
Trade qualification:		Licence type:	
Name:		Licence No:	
Trade qualification:		Licence type:	
Name:		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 plumbing apprentices in the workplace:	
Total number of school-based or part-time plumbing apprentices in the workplace:	
Number of qualified/licensed plumbers in the workplace:	

Where there are more plumbing 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				
I, the employer, declare that:				
<ul style="list-style-type: none">From the date of commencement of the training contract, I have provided, or arranged to provide, the apprentice with the facilities, range of work, supervision and training required under the apprentice's training plan.Should the circumstances change in relation to my ability to continue to provide, or arrange to provide, the apprentice 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 or 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)				

SRTO DECLARATION				
I, the SRTO, declare that:				
<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.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.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)			
I, the apprentice, declare that:			
<ul style="list-style-type: none">I understand the requirement to keep up to date with training, and I need to have obtained a sufficient range of workplace experience prior to the completion of my apprenticeship.			
Name of apprentice:			
Apprentice's signature:		Date:	



This **APPENDIX ONE** is only required where there is more than 1 apprentice to a supervisor.
Listed supervision arrangements are in addition to supervisors/employers’ obligations under the *Plumbing and Drainage Act 2018*, or as applicable to Norfolk Island.

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	School-based	1st	Direct	Johann Doe	Jane with Johann on the same job site.
e.g. John Smythe	2 years as an apprentice	Full-time	3rd	Broad	Janet Doe	John and James are both working on the same site as Janet.
e.g James Smithe	Existing worker - labourer	Part-time	2nd	General	Janet Doe	James and John are both working on the same site as Janet.

This **APPENDIX TWO** is only required where there is more than 1 plumbing apprentice in the workplace.

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

APPRENTICE DECLARATION			
I, the apprentice, declare that I understand the requirement to keep up to date with training, and I need to have obtained a sufficient range of workplace experience prior to the completion of my apprenticeship.			
Name of apprentice:			
Apprentice's signature:		Date:	

APPRENTICE DECLARATION			
I, the apprentice, declare that I understand the requirement to keep up to date with training, and I need to have obtained a sufficient range of workplace experience prior to the completion of my apprenticeship.			
Name of apprentice:			
Apprentice's signature:		Date:	

APPRENTICE DECLARATION			
I, the apprentice, declare that I understand the requirement to keep up to date with training, and I need to have obtained a sufficient range of workplace experience prior to the completion of my apprenticeship.			
Name of apprentice:			
Apprentice's signature:		Date:	

APPRENTICE DECLARATION			
I, the apprentice, declare that I understand the requirement to keep up to date with training, and I need to have obtained a sufficient range of workplace experience prior to the completion of my apprenticeship.			
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 REVIEWED		
Date	Review method (e.g. phone, visit)	SRT0 representative