



CHC33021 Certificate III in Individual Support

Structured Workplace Learning and Assessment

Host Organisation Approval Form



What is Structured Workplace Learning and Assessment?

Swinburne Open Education offer students a unique opportunity to study in an online environment to develop their skills and knowledge in their chosen field, at a time and pace that suits them.

Many of our courses require practical skills application to achieve competency. Structured Workplace Learning and Assessment (SWLA) offers students in these courses the opportunity to seek out a workplace where they can apply their learning in practical ways in order to expand on and demonstrate their skills.



The student should complete this Microsoft Word document electronically. Once this document is completed (excluding Section G, which will be completed by the Assessor), it should be submitted via email to the Student Support Team.



Student Name: [Click or tap here to enter text.](#)

Student Number: [Click or tap here to enter text.](#)

CHC33021_SWLA_Host Organisation Approval Form

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Please consider the environment before printing this document.

Student Name: [Click or tap here to enter text.](#)

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CHC33021_SWLA_Host Organisation Approval Form

Structured Workplace Learning and Assessment

Host Organisation Approval Form

CHC33021 Certificate III in Individual Support

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Student Name: [Click or tap here to enter text.](#)

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CHC33021_SWLA_Host Organisation Approval Form

Host Organisation Approval Form

To successfully complete the Workplace Assessments, you need to undertake a range of practical tasks over a period of time in an appropriate workplace and under the supervision of an appropriately qualified and experienced supervisor.

This form captures important information about the proposed workplace where you are seeking to undertake the Workplace Assessments and Work Placement. It includes basic details about the workplace, as well as more specific information about the resources and facilities available at this workplace. It also requests detailed information about the proposed Workplace Supervisor.

This information will be reviewed by the Assessor to determine whether the workplace and Workplace Supervisor are appropriate for the completion of the Workplace Assessments and Work Placement. In some cases, the Assessor may seek further clarification from the student or Workplace Supervisor before formally approving the workplace.

Section A: Student Details

Student Name	
Student Number	
Qualification Name	
Home Address	
State	
Postcode	
Home Telephone	
Mobile	
Email	

Preferred communication method

Please indicate your preferred communication method for contact with your Assessor. Please select one only.

- Home phone
- Mobile
- Email

>>>Proceed to Section B: Workplace or Host Organisation Details.

Student Name: [Click or tap here to enter text.](#)

Student Number: [Click or tap here to enter text.](#)

Section B: Host Organisation Details

HOST ORGANISATION DETAILS	
Business Name	
Company ABN/ ACN	
Street Address	
Postal Address	
Work Site Location	
Phone Number	
Fax Number	
Website	
SUPERVISOR DETAILS	
Name	
Position Title	
Phone Number	
Fax Number	
Email	
OTHER DETAILS	
Summary of the Host Organisation's core function and activities.	
Is the student currently working for this company as an employee, contractor or casual?	<input type="checkbox"/> Yes - Go to Section C <input type="checkbox"/> No - Go to Section D

Student Name: [Click or tap here to enter text.](#)

Student Number: [Click or tap here to enter text.](#)

Section C: Employment Details

Only complete this if the student is currently working for the host organisation.

What type of employment arrangement are you under at the workplace?	<input type="checkbox"/> Permanent <input type="checkbox"/> Contractor <input type="checkbox"/> Casual <input type="checkbox"/> Other: (please identify):
How long have you been employed by the Host Organisation?	
What is your current position title?	
What are your average hours per week at this workplace?	
Will your SWLA be conducted within your current work hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, will you be paid by your employer for the time required to complete your SWLA?	<input type="checkbox"/> Yes <input type="checkbox"/> No

>>>Proceed to Section D: Workplace Supervisor Details.

Section D: Workplace Supervisor Details

It is important that the Workplace Supervisor is able to provide the student with effective guidance and support to perform safely in the workplace, therefore it is imperative that the Workplace Supervisor has the appropriate experience and/or qualifications.

The Workplace Supervisor should complete this section.

Requirement	Evidence of meeting the requirement
Qualification: Minimum Certificate III in Individual Support	
OR	
Experience: Minimum of two years working in the Community Services Sector	

>>>Proceed to Section E: Workplace Resources Checklist.

Student Name: [Click or tap here to enter text.](#)

Student Number: [Click or tap here to enter text.](#)

Section E: Workplace Resources Checklist

The following list outlines all facilities, equipment and resources students require access to in the workplace in order to complete their Workplace Assessment obligations.

Students must work with the Workplace Supervisor to confirm and mark them off as available.

WORKPLACE RESOURCES CHECKLIST	Yes	No
Policies and Procedures		
Workplace communications	<input type="checkbox"/>	<input type="checkbox"/>
Work, health, and safety	<input type="checkbox"/>	<input type="checkbox"/>
Quality documents	<input type="checkbox"/>	<input type="checkbox"/>
Privacy and confidentiality	<input type="checkbox"/>	<input type="checkbox"/>
Any policies or procedures that the student would need to successfully complete tasks in the workplace	<input type="checkbox"/>	<input type="checkbox"/>
Work Health and Safety		
Policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>
Safety codes, standards and guidelines	<input type="checkbox"/>	<input type="checkbox"/>
Personal protective equipment (PPE)	<input type="checkbox"/>	<input type="checkbox"/>
Access to equipment and tools to control hazards in the workplace	<input type="checkbox"/>	<input type="checkbox"/>
Safety signs	<input type="checkbox"/>	<input type="checkbox"/>
Workplace incident data and incident reports	<input type="checkbox"/>	<input type="checkbox"/>
First Aid kit	<input type="checkbox"/>	<input type="checkbox"/>
Tools and equipment		
Current legislation, regulations and codes of practice	<input type="checkbox"/>	<input type="checkbox"/>
Organisational infection prevention and control guidelines	<input type="checkbox"/>	<input type="checkbox"/>
Equipment for cleaning, including sterilised sharps if relevant to role	<input type="checkbox"/>	<input type="checkbox"/>
Hand hygiene facilities and equipment	<input type="checkbox"/>	<input type="checkbox"/>
Medical or client care equipment relevant to the workplace	<input type="checkbox"/>	<input type="checkbox"/>
Relevant aids to assist with independent living	<input type="checkbox"/>	<input type="checkbox"/>
Clinical and other waste and waste disposal equipment	<input type="checkbox"/>	<input type="checkbox"/>
Individualised plans specifying different personal support needs	<input type="checkbox"/>	<input type="checkbox"/>

Student Name: [Click or tap here to enter text.](#)

Student Number: [Click or tap here to enter text.](#)

Equipment outlined in individualised plans	<input type="checkbox"/>	<input type="checkbox"/>
Access to people who require personal support, including people living with dementia and people living with disability	<input type="checkbox"/>	<input type="checkbox"/>
Access to colleagues and families/carers working with the person's individualised plan	<input type="checkbox"/>	<input type="checkbox"/>
Digital devices, applications and software relevant to the workplace	<input type="checkbox"/>	<input type="checkbox"/>
Access to communications and recording systems relevant to the workplace.	<input type="checkbox"/>	<input type="checkbox"/>

>>>Proceed to Section F: Workplace Assessment Agreement.

Section F: SWLA Agreement

The Workplace Supervisor must verify this information, confirm agreement with the responsibilities of the role and sign as appropriate in line with the Host Organisation/Supervisor Agreement below.

The student must verify this information, confirm agreement with the responsibilities of their role and sign as appropriate in line with the Student Agreement below.

This form will then be electronically submitted by the student. The information captured in this agreement may be verbally verified during the initial interview as needed.

Host Organisation/Supervisor Agreement
<p>On behalf of the Host Organisation and as the designated Supervisor for this structured workplace learning and assessment,</p> <p>I acknowledge and accept the following:</p> <ul style="list-style-type: none"> • I have received and reviewed the <i>Supervisor Guide to Structured Workplace Learning and Assessment (SWLA)</i>. • I understand the roles and responsibilities of the Workplace Supervisor and the Host Organisation. • Workplace Supervisor Details (Section D) above is accurate (copies to be provided where appropriate). • I am required to provide appropriate supervision and support to the student. • I am required to provide the student a safe workplace for the student to develop and demonstrate their skills and knowledge. • I am required to provide the student with access to the facilities, equipment and resources identified (Section E). • I am required to support the student as they learn and apply the skills required. • I am required to provide the opportunity for the student to complete the evidence capture as required of their assessments. • I am required to provide written and verbal feedback to the Assessor on the student's performance through documentation and regular phone interviews.

Student Name: [Click or tap here to enter text.](#)

Student Number: [Click or tap here to enter text.](#)

- The student will not be requested to work more than 38 hours in any given week during their SWLA arrangement.
- I am required to notify the assessor if the student is absent from scheduled work.
- I am required to provide written and verbal feedback on the students' progress.
- In the event of an emergency, I am required to notify the students emergency contact and the assessor.

I hereby authorise Swinburne Open Education's Assessor to contact me to discuss the student's learning and assessment progress through regular phone interview.

Signature	
Name	
Date	

Student Agreement

I acknowledge and accept the following:

- I have received and reviewed the *Student Guide to Structured Workplace Learning and Assessment (SWLA)*.
- I understand my role, responsibilities and obligations to Swinburne Open Education and the Host Organisation throughout the SWLA process.
- I agree to abide by all policies and procedures of the Host Organisation, including but not limited to confidentiality, professional conduct and work, health and safety.
- I agree to take part in this SWLA arrangement as part of my vocational training and agree this does not constitute an employment relationship between myself and the Host Organisation.
- I will carry out all reasonable and lawful directions of the Workplace Supervisor and perform my work to the best of my ability.
- I will comply with all reasonable workplace rules and requirements governing safety and behaviour.
- I will attend the workplace on each day at the agreed time.
- I will inform both the Workplace Supervisor and the Assessor as soon as practicable if I am unable to attend work.
- I will promptly inform the Workplace Supervisor and the Assessor of any accident, injury or incident that may occur.
- I will dress in accordance with workplace guidelines and use PPE as required.
- I will inform the Workplace Supervisor and the Assessor of any necessary health information, including details of any known medical condition which may affect me and any medication or treatment which may be necessary.
- I will be responsible for my transport to and from the workplace.
- I authorise Swinburne Open Education and the Workplace Supervisor to discuss my enrolment and Workplace Assessment activities.

Signature	
Name	

Student Name: [Click or tap here to enter text.](#)

Student Number: [Click or tap here to enter text.](#)

Student Number	
Date	

You have completed the Host Organisational Approval Form. Once the above signatures have been captured, submit this form electronically via email to the Student Support team.

NOTE: Do not complete Section G. This is for the Assessor to complete as the final step of approving the Host Organisation/Workplace.

Section G: Approval

TO BE COMPLETED BY THE ASSESSOR.

Finalise the Host Organisation Approval Form by:

1. Completing a verbal verification of the information contained herein by the Workplace Supervisor.
2. Determine if the Host Organisation offers an appropriate workplace for student placement.

1. Verbal verification

Review the following sections of the above form and verbally verify the information presented herein.

WORKPLACE SUPERVISOR VERIFICATION		Yes	No
Section B: Host Organisation Details		<input type="checkbox"/>	<input type="checkbox"/>
Section C: Employment Details (if applicable)		<input type="checkbox"/>	<input type="checkbox"/>
Section D: Workplace Supervisor Details		<input type="checkbox"/>	<input type="checkbox"/>
Section E: Workplace Resources		<input type="checkbox"/>	<input type="checkbox"/>
Section F: Workplace Assessment Agreement		<input type="checkbox"/>	<input type="checkbox"/>
Confirmed with (Workplace Supervisor)			
Date & Time			

STUDENT VERIFICATION		Yes	No
Section A: Student Details		<input type="checkbox"/>	<input type="checkbox"/>
Section C: Employment Details (if applicable)		<input type="checkbox"/>	<input type="checkbox"/>
Section F: SWLA Agreement		<input type="checkbox"/>	<input type="checkbox"/>

Student Name: [Click or tap here to enter text.](#)

Student Number: [Click or tap here to enter text.](#)

Confirmed with (Student Name)	
Date & Time	

2. Determination

Based on the information above and as verified by phone with the Workplace Supervisor, the Assessor makes the following determination regarding the suitability of the Student's SWLA placement.

Based on the information above and as verified by phone with the Workplace Supervisor, I hereby confirm the following:	Yes	No
All details captured in the Workplace Supervisor Verification above have been confirmed.	<input type="checkbox"/>	<input type="checkbox"/>
All details captured in the Student Verification above have been confirmed.	<input type="checkbox"/>	<input type="checkbox"/>
The proposed workplace is appropriate for the completion of the structured workplace learning and assessment processes.	<input type="checkbox"/>	<input type="checkbox"/>
The proposed Workplace Supervisor is suitable for providing supervision of the student undertaking structured workplace learning and assessment processes.	<input type="checkbox"/>	<input type="checkbox"/>
If the Assessor indicated YES to both of the statements above, this Host Organisation/Workplace is approved for student placement.		
If the Assessor indicated NO to any of the statements above, provide a reason:		

Assessor Name	
Assessor Number/ID	
Date	

Student Name: [Click or tap here to enter text.](#)

Student Number: [Click or tap here to enter text.](#)