



Traineeship Record Book

HLT33115 Certificate III in Health Services Assistance



Connect 'n' Grow[®]

A WORLD WHERE HEALTH PATHWAYS HAPPEN THROUGH QUALITY EDUCATION

RTO 40518

STUDENT NAME:

School Based Traineeship Placement Information

| Trainee Details | |
|---|---|
| FULL Name: | |
| School: | |
| Address: | |
| Telephone: | |
| Traineeship Placement Details (Host Employer) | |
| Workplace: | |
| Supervisor: | |
| Contact Number: | |
| Address: | |
| RTO Details | |
| RTO Name: | Connect n Grow |
| Contact Person: | |
| Contact Number: | 1300 283 662 |
| Address: | Suite 2A 313-315 Ross River Road, Aitkenvale QLD 4814 |
| School Details | |
| Organisation: | |
| Contact Person: | |
| Contact Number: | |
| Address: | |

Cover artwork

Artist: Ruth Roma 2025

Title: Proud connection through family and friends

My artwork symbolises the proud connection we have with family and friends.

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Throughout this record book, your supervisor needs to complete the yellow shaded sections.

Student must add their FULL name, signature and date to the blue shaded sections.

Traineeship Record Book

Connect 'n' Grow® would like to take this opportunity to congratulate you on your traineeship and welcome you as a valued client to our Registered Training Organisation (RTO).

The Traineeship Record Book provides the following:

- A guide for the Supervisors and trainees of the skills and experience that should occur in the workplace during vocational placement.
- A permanent record of workplace competency achievement

Please take care of this workbook. You may wish to copy this book for your records, prior to handing it back to the teachers.

About Connect 'n' Grow®

Established in 2012, Connect 'n' Grow® is an award winning RTO delivering high quality health training services. Our Vision is “A world where health pathways happen through quality education”. We aim to meet this by using our healthcare programs to provide our Trainees with career pathways through strong collaborations between secondary, vocational, higher education and relevant industry institutions.

Your Responsibilities

As a trainee your responsibilities are to:

- Attend work on time as per the agreed terms.
- Work towards achieving the qualification or statement of attainment stated in the training contract.
- Obey all workplace health and safety (including dress and equipment) and code of conduct workplace rules.
- Undertake the training and assessment required under the training plan.
- Keep the training record and produce it to the employer, training organisation and/or the Department of Employment, Small Business and Training when requested.
- Not terminate the apprenticeship or traineeship before completion unless the apprentice or trainee and their employer mutually agree to cancel the training contract and notify the Australian Apprenticeship Support Network (AASN) provider or the department accordingly and in writing.

Your Employer's Responsibilities

All training that your employer is responsible for delivering must be done during your normal work hours. They must check that you are completing each task during your working day. They are also responsible for ensuring that you work in a safe workplace health and safety environment.

Your employer/supervisor should evaluate your performance continually by:

- Observing you perform and practice tasks on the job,
- Discussing your progress with supervisors and co-workers,
- Asking you questions about the tasks you are performing on the job,
- Reviewing your job performance.

Units of Competency

| Unit Code | Title | |
|-----------|--|------------------------|
| CHCCOM005 | Communicate and work in health or community services | Core (CT) |
| CHCCOM001 | Provide first point of contact | Imported Elective (CT) |
| HLTINF006 | Apply basic principles and practices of infection prevention and control | Core (CT) |
| HLTWHS001 | Participate in workplace health and safety | Core (CT) |
| CHCCCS012 | Prepare and maintain beds | Elective (CT) |
| CHCCCS010 | Maintain a high standard of service | Elective (CT) |
| CHCDIV001 | Work with diverse people | Core (CT) |
| CHCDIV002 | Promote Aboriginal and/or Torres Strait Islander Cultural safety | Elective |
| BSBMED301 | Interpret and apply medical terminology | Core |
| HLTAAP001 | Recognise healthy body systems | Core |
| CHCCCS002 | Assist with movement | Elective |
| CHCCCS026 | Transport individuals | Elective |
| CHCCCS020 | Respond effectively to behaviours of concern | Elective |
| CHCCCS009 | Facilitate responsible behaviours | Elective |
| BSBWOR301 | Organise personal work priorities and development | Core |

*CT = Credit Transfer

Traineeship Placement Orientation Checklist

| This checklist is to be completed on Day 1 of Placement | | Achieved |
|--|--|--------------------------|
| Tour facility and allocated work area, including parking | | <input type="checkbox"/> |
| Meet Supervisor/Management | | <input type="checkbox"/> |
| Discuss trainee role/responsibilities and expected standards of behaviour (including dress code and day/hours of work) | | <input type="checkbox"/> |
| Revise privacy/confidentiality and informed consent policies | | <input type="checkbox"/> |
| Evacuation/fire and security procedures explained | | <input type="checkbox"/> |
| Familiarisation with Facility Emergency telephone number | | <input type="checkbox"/> |
| Locate Policy and Procedure Manuals | | <input type="checkbox"/> |
| Locate Ward/Facility Rooms - Utility Room, Linen stores, Treatment Room, Lifts, Documentation, Administration, etc. | | <input type="checkbox"/> |
| Communication systems | | <input type="checkbox"/> |
| Review WHS (Work Health and Safety) policies and procedures pertinent to organisation | | <input type="checkbox"/> |
| Trainee Name: PLEASE PRINT FULL NAME | | |
| Trainee Signature: | | Date: |
| Supervisor Name: PLEASE PRINT FULL NAME | | |
| Supervisor Position: | | |
| Supervisor Signature: | | Date: |

Third Party Observations

As part of completing these units of competency, we are seeking evidence to support judgment about the trainee's competence. This is to confirm that the trainee consistently demonstrated the noted knowledge and performance evidence to industry standard.

The person completing this report will need to have direct knowledge of:

- The job function and the trainee's application of skills to that function.
- The trainee's ability to repeatedly perform to the required standard.
- Any relevant legislation, regulations or Australian Standards.

Third party evidence should be provided by a workplace expert, supervisor or team leader and is to be completed over a period of time to industry standard.

Third Party Observation Checklist (Performance Evidence)

| | | | |
|---|---|--------------------------|--|
| Unit Code & Name: | CHCDIV002 Promote Aboriginal and/or Torres Strait Islander cultural safety | | |
| Trainee FULL Name: | | | |
| I, as supervisor of the above mentioned trainee, confirm the trainee models Aboriginal and/or Torres Strait Islander cultural safety by: | S | NYS | |
| | Please tick Satisfactory or Not Yet Satisfactory | | |
| Demonstrating an understanding of workplace practices and strategies relating to Aboriginal and/or Torres Strait Islander culture | <input type="checkbox"/> | <input type="checkbox"/> | |
| Promoting Aboriginal and/or Torres Strait Islander cultural safety in the context of the workplace | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sought further information on cultural awareness to improve own communication skills with Aboriginal and/or Torres Strait Islander peoples who may be clients or colleagues | <input type="checkbox"/> | <input type="checkbox"/> | |
| Supervisor Feedback (optional): | | | |
| Trainee Signature: | | Date: | |
| Supervisor Name: PLEASE PRINT FULL NAME | | | |
| Supervisor Position: | | | |
| Supervisor Signature: | | Date: | |

Third Party Observation Checklist (Performance Evidence)

| | | | |
|---|--|--------------------------|--|
| Unit Code & Name: | BSBMED301 Interpret and apply medical terminology appropriately | | |
| Trainee FULL Name: | | | |
| I, as supervisor of the above mentioned trainee, confirm that the trainee consistently demonstrates the appropriate level of workplace performance to industry standard. | S | NYS | |
| | Please tick Satisfactory or Not Yet Satisfactory | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| Interprets and follows written instructions containing medical terminology | <input type="checkbox"/> | <input type="checkbox"/> | |
| Identified and used appropriate, relevant abbreviations for medical terms and associated processes | <input type="checkbox"/> | <input type="checkbox"/> | |
| Uses medical terminology correctly in oral communications | <input type="checkbox"/> | <input type="checkbox"/> | |
| Observed the production of documentation with the correct use of medical terminology | <input type="checkbox"/> | <input type="checkbox"/> | |
| Supervisor Feedback (optional): | | | |
| Trainee Signature: | | Date: | |
| Supervisor Name: PLEASE PRINT FULL NAME | | | |
| Supervisor Position: | | | |
| Supervisor Signature: | | Date: | |

Third Party Observation Checklist (Performance evidence)

| | | | |
|--|--|--------------------------|--|
| Unit Code & Name: | HLTAAP001 Recognise healthy body systems | | |
| Trainee FULL Name: | | | |
| I, as supervisor of the above-mentioned trainee, confirm that the trainee consistently demonstrates the appropriate level of workplace knowledge to industry standard. | S | NYS | |
| | Please tick Satisfactory or Not Yet Satisfactory | | |
| Interpreted health terminology and shared information about healthy body functioning, remaining within their level of knowledge and scope of role | <input type="checkbox"/> | <input type="checkbox"/> | |
| Recognised basic structure and functions of the body system | <input type="checkbox"/> | <input type="checkbox"/> | |
| Worked effectively with information about the human body and its healthy functioning - in at least three (3) different situations. <small>(Nb: Trainee or Supervisor to enter brief explanation of each situation in the Situation section below)</small> | | | |
| Situation 1 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Situation 2 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Situation 3 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Supervisor Feedback (optional): | | | |
| | | | |
| Trainee Signature: | | Date: | |
| Supervisor Name: PLEASE PRINT FULL NAME | | | |
| Supervisor Position: | | | |
| Supervisor Signature: | | Date: | |

Third Party Observation Checklist (Performance Evidence)

| | | | |
|---|--|------------|--------------------------|
| Unit Code & Name: | CHCCCS002 Assist with movement | | |
| Trainee FULL Name: | | | |
| I, as supervisor of the above mentioned trainee, confirm that the trainee consistently demonstrates the appropriate level of workplace performance to industry standard. | S | NYS | |
| | Please tick Satisfactory or Not Yet Satisfactory | | |
| Provided assistance with moving a person in at least six (6) of the following situations: | | | |
| • Assisting a person up off the floor | <input type="checkbox"/> | | <input type="checkbox"/> |
| • Assisting a person to be weighed on chair weighing scales | <input type="checkbox"/> | | <input type="checkbox"/> |
| • Assisting a person to change position in bed | <input type="checkbox"/> | | <input type="checkbox"/> |
| • Assisting a person to use crutches or other walking aids | <input type="checkbox"/> | | <input type="checkbox"/> |
| • Assisting a person or co-worker to use a hoist or mechanical lifter for transfers | <input type="checkbox"/> | | <input type="checkbox"/> |
| • Moving a person to a seated position | <input type="checkbox"/> | | <input type="checkbox"/> |
| • Moving a person by wheelchair or trolley | <input type="checkbox"/> | | <input type="checkbox"/> |
| • Moving a person between wheelchair or trolley and bed | <input type="checkbox"/> | | <input type="checkbox"/> |
| • Moving a person to a standing position | <input type="checkbox"/> | | <input type="checkbox"/> |
| • Transfers from wheelchair to shower chair and toilet | <input type="checkbox"/> | | <input type="checkbox"/> |
| • Assisting a person who is falling | <input type="checkbox"/> | | <input type="checkbox"/> |
| (Nb: Trainee or Supervisor to enter brief explanation of each situation in the Situation section below) | | | |
| Situation 1: | <input type="checkbox"/> | | <input type="checkbox"/> |
| Situation 2: | <input type="checkbox"/> | | <input type="checkbox"/> |
| Situation 3: | <input type="checkbox"/> | | <input type="checkbox"/> |

Third Party Observation Checklist (Performance Evidence)

| | | | |
|---|---------------------------------------|--------------------------|--------------------------|
| Unit Code & Name: | CHCCCS002 Assist with movement | | |
| Situation 4: | | <input type="checkbox"/> | <input type="checkbox"/> |
| Situation 5: | | <input type="checkbox"/> | <input type="checkbox"/> |
| Situation 6: | | <input type="checkbox"/> | <input type="checkbox"/> |
| Supervisor Feedback (optional): | | | |
| Trainee Signature: | | Date: | |
| Supervisor Name: PLEASE PRINT FULL NAME | | | |
| Supervisor Position: | | | |
| Supervisor Signature: | | Date: | |

Third Party Observation Checklist (Performance Evidence)

| | | | |
|---|--|--------------------------|--|
| Unit Code & Name: | CHCCCS026 Transport individuals | | |
| Trainee FULL Name: | | | |
| I, as supervisor of the above mentioned trainee, confirm that the trainee consistently demonstrates the appropriate level of workplace performance to industry standard. | | | |
| The trainee has demonstrated effective skills in meeting each of the following requirements: | S | NYS | |
| | Please tick Satisfactory or Not Yet Satisfactory | | |
| Demonstrated safe work practices during transporting of three (3) people with different transportation requirements including: <small>(Nb: Trainee or Supervisor to enter brief explanation of each situation in the Situation section below)</small> Situation 1: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Situation 2: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Situation 3: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Supervisor Feedback (optional): | | | |
| Trainee Signature: | | Date: | |
| Supervisor Name: <small>PLEASE PRINT FULL NAME</small> | | | |
| Supervisor Position: | | | |
| Supervisor Signature: | | Date: | |

Third Party Observation Checklist (Performance Evidence)

| | | | |
|--|--|--------------------------|--|
| Unit Code & Name: | CHCCCS020 Respond effectively to behaviours of concern | | |
| Trainee FULL Name: | | | |
| I, as supervisor of the above mentioned trainee, confirm that the trainee consistently demonstrates the appropriate level of workplace performance to industry standard. | S | NYS | |
| | Please tick Satisfactory or Not Yet Satisfactory | | |
| Effectively dealt with at least five (5) different behaviours of concern such as: <ul style="list-style-type: none"> Aggression Confusion or other cognitive impairment Intoxication Intrusive behaviour Manipulation Noisiness Self-destructive behaviour Verbal offensiveness Wandering | <input type="checkbox"/> | <input type="checkbox"/> | |
| (Nb: Trainee or Supervisor to enter brief explanation of each situation in the Situation section below) Situation 1: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Situation 2: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Situation 3: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Situation 4: | <input type="checkbox"/> | <input type="checkbox"/> | |

Third Party Observation Checklist (Performance Evidence)

| | | | |
|--|---|--------------------------|--------------------------|
| Unit Code & Name: | CHCCCS020 Respond effectively to behaviours of concern | | |
| Situation 5: | | <input type="checkbox"/> | <input type="checkbox"/> |
| Supervisor Feedback (optional): | | | |
| Trainee Signature: | | Date: | |
| Supervisor Name: PLEASE PRINT FULL NAME | | | |
| Supervisor Position: | | | |
| Supervisor Signature: | | Date: | |

Third Party Observation Checklist (Performance Evidence)

| | | | |
|--|---|--------------------------|--|
| Unit Code & Name: | CHCCCS009 Facilitate responsible behaviour | | |
| Trainee FULL Name: | | | |
| I, as supervisor of the above mentioned trainee, confirm that the trainee consistently demonstrates the appropriate level of workplace performance to industry standard. | | | |
| The trainee has demonstrated effective skills in meeting each of the following requirements: | | | |
| Recognised and responded appropriately in a least (3) situation where behaviours of concern were present. <small>(Nb: Trainee or Supervisor to enter brief explanation of each situation in the Situation section below)</small> | S | NYS | |
| | <small>Please tick Satisfactory or Not Yet Satisfactory</small> | | |
| Situation 1: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Situation 2: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Situation 3: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Supervisor Feedback (optional): | | | |
| Trainee Signature: | | Date: | |
| Supervisor Name: PLEASE PRINT FULL NAME | | | |
| Supervisor Position: | | | |
| Supervisor Signature: | | Date: | |

Third Party Observation Checklist (Performance Evidence)

| | | | |
|---|--|--------------------------|--|
| Unit Code & Name: | BSBWOR301 Organise personal work priorities and development | | |
| Trainee FULL Name: | | | |
| I, as supervisor of the above mentioned trainee, confirm that the trainee consistently demonstrates the appropriate level of workplace performance to industry standard. | S | NYS | |
| | Please tick Satisfactory or Not Yet Satisfactory | | |
| Prepared and implemented a personal work plan meeting the requirements of work objectives | <input type="checkbox"/> | <input type="checkbox"/> | |
| The personal work plan was developed through the use of technology to schedule, prioritise and monitor completion of tasks | <input type="checkbox"/> | <input type="checkbox"/> | |
| Demonstrated the ability to assess and prioritise own work tasks and address contingencies | <input type="checkbox"/> | <input type="checkbox"/> | |
| Monitored and assessed personal performance against job role requirements by seeking feedback from relevant personnel | <input type="checkbox"/> | <input type="checkbox"/> | |
| Identified personal development needs and accessed, completed and recorded skill development and learning | <input type="checkbox"/> | <input type="checkbox"/> | |
| Feedback (optional): | | | |
| Trainee Signature: | | Date: | |
| Supervisor Name: PLEASE PRINT FULL NAME | | | |
| Supervisor Position: | | | |
| Supervisor Signature: | | Date: | |

Trainee Self-assessment

Please complete the below self-assessment on your clinical placement experience.

Trainee FULL Name:

1. I have applied the skills identified in this traineeship. Yes or No? ***Explain your answer.***

2. I really enjoyed

3. I gained knowledge about (tick one or more of the following):

- The organisation
- How to communicate with people
- Workplace health and safety
- The important role of the allied health assistant

4. The main issue/s I faced included

5. The most vivid memory I will take away from this experience

6. Some important things I learnt about myself include

7. I can use this experience when applying for employment. Skills and knowledge I have learnt and developed include the following.

Trainee Activity Sheet

Further evidence of tasks completed

| Trainee FULL Name: | | | | |
|---|------------------------------|--|---------------------|------|
| Unit of competency | Training and Tasks performed | Equipment, aids, medical devices used, documentation/records | Supervisor Initials | Date |
| CHCDIV002 Promote Aboriginal and/or Torres Strait Islander cultural safety | | | | |
| BSBMED301 Interpret and apply medical terminology appropriately | | | | |
| HLTAAP001 Recognise healthy body systems | | | | |

Trainee Activity Sheet

| Unit of competency | Training and Tasks performed | Equipment, aids, medical devices used, documentation/records | Supervisor Initials | Date |
|--|------------------------------|--|---------------------|------|
| CHCCCS002 Assist with movement | | | | |
| CHCCCS026 Transport individuals | | | | |
| CHCCCS020 Respond effectively to behaviors of concern | | | | |

Trainee Activity Sheet

| Unit of competency | Training and Tasks performed | Equipment, aids, medical devices used, documentation/records | Supervisor Initials | Date |
|--|------------------------------|--|---------------------|------|
| CHCCCS009 Facilitate responsible behaviours | | | | |
| BSBWOR301 Organise personal work priorities and development | | | | |
| Supervisor Feedback (Optional): | | | | |
| Supervisor Name: PLEASE PRINT FULL NAME | | | | |
| Supervisor Position: | | | | |
| Supervisor Signature: | | Date: | | |

Unit of Competency Information

| Unit of competency | Unit description | Example of evidence |
|---|---|--|
| CHCDIV002 Promote Aboriginal and/or Torres Strait Islander Cultural Safety | The unit describes the skills and knowledge required to identify Aboriginal and/or Torres Strait Islander cultural safety issues in the workplace, model cultural safety in own work practice, and develop strategies to enhance cultural safety. | Promoting Aboriginal and/or Torres Strait Islander cultural safety in the workplace. e.g., communicating and interacting with Aboriginal or Torres Strait Islander clients. |
| BSBMED301 Interpret and apply medical terminology appropriately | This unit describes the skills and knowledge required to understand and respond to instructions; to carry out routine tasks and communicate with a range of internal/external clients in a medical environment; as well as use appropriate medical terminology. | Interpreting and following written instructions containing medical terminology: using medical terminology correctly in oral communications; identifying abbreviations e.g., reading patient charts, prescriptions, referrals. |
| HLTAAP001 Recognise healthy body systems | This unit describes the skills and knowledge required to work with basic information about the human body and to recognise and promote ways to maintain healthy functioning of the body. | Working effectively with information about the human body and its healthy functioning. eg observing vital signs being taken and discussed. |
| CHCCCS002 Assist with movement | This unit describes the skills and knowledge required to support people who require assistance with basic physical movement which may be due to incapacity. | Preparing to assist a person with movement e.g., use of relevant equipment, risk and safety awareness to self and person, infection control understanding, and completion of task e.g. cleaning and returning equipment |
| CHCCCS026 Transport Individuals | This unit describes the skills and knowledge required to provide safe, timely and efficient transportation of people from one location to another at a particular site, or to other sites. | Preparing and transporting person and equipment e.g., level of support required, equipment required, appropriate transportation, safety and comfort of person; completion of transporting e.g., delivered to location, provided information to receiving person if applicable, completion of reporting requirements. |

Unit of Competency Information

| Unit of competency | Unit description | Example of evidence |
|--|--|--|
| CHCCCS020 Respond effectively to behaviours of concern | This unit describes the skills and knowledge required to respond effectively to behaviours of concern of people. Skills are associated with handling difficult incidents rather than managing ongoing behaviour difficulties | Identifying behaviour and planning responses e.g., strategies for dealing with behaviours of concern, position responsibilities including scope of practice in responding and involvement; Reporting and reviewing e.g., reporting to relevant personal and participating in debriefing activities, seeking feedback and further resources |
| BSBWOR301 Organise personal work priorities and development | This unit describes the skills and knowledge required to organise own work schedules, to monitor and obtain feedback on work performance and to maintain required levels of competence. | Preparing a work plan, using business technology, prioritising tasks and monitoring own personal performance. e.g., completing record of daily duties, reflecting on performance |
| CHCCCS009 Facilitate responsible behaviours | This unit describes the skills and knowledge required to monitor individuals, respond to behaviours of concern, deal with conflict and support responsibility for behaviour management and change. | Observe individuals, manage conflict, Respond to behaviours of concern, Complete reporting requirements. |

Traineeship Completion Declaration

This is to certify that _____ has completed
 _____ hours as part of their traineeship at
 the _____.

Trainee Name:
 PLEASE PRINT FULL NAME

Trainee Signature:

Date:

Supervisor Name:
 PLEASE PRINT FULL NAME

Supervisor Position:

Supervisor Signature:

Date:

Connect 'n' Grow to Complete

This is to certify that _____ has completed their
 traineeship to the required satisfactory level.

Name:

Signature:

Date:

Formal Training Plan

| Units of Competency | | | Formal Training | | | | | Assessment | | | | Employer |
|---------------------|--|---------------------------------|----------------------|----------------------|--|-------------------------------------|-------------------------------------|------------|----------------------|----------------------|-------------------------------|----------------------|
| Unit code | Unit Title | Unit type (core or elective) | Unit Training Dates | | Delivery Mode Identifier & Predominant Delivery Mode (eg NYYE) | Responsibility for training | | RPL CT | Method | Outcome | Date deemed competent by SRTO | Employer Support |
| | | | Start | End | | Employer | SRTO | | | | | |
| CHCCOM005 | Communicate and work in health or community services | Core | <input type="text"/> | <input type="text"/> | NNN | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | CT | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| HLTWHS001 | Participate in workplace health and safety | Core | <input type="text"/> | <input type="text"/> | NNN | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | CT | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| HLTINF006 | Apply basic principles and practices of infection prevention and control | Core | <input type="text"/> | <input type="text"/> | NNN | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | CT | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CHCCCS010 | Maintain a high standard of service | Elective | <input type="text"/> | <input type="text"/> | NNN | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | CT | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CHCDIV001 | Work with diverse people | Core | <input type="text"/> | <input type="text"/> | NNN | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | CT | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CHCCCS012 | Prepare and maintain beds | Elective | <input type="text"/> | <input type="text"/> | NNN | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | CT | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CHCCOM001 | Provide first point of contact | Imported Elective | <input type="text"/> | <input type="text"/> | NNN | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | CT | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Units of Competency | | | Formal Training | | | | | Assessment | | | | Employer |
|---------------------|--|------------------------------------|---------------------|-----|--|-------------------------------------|-------------------------------------|------------|--------|---------|-------------------------------------|---------------------|
| Unit code | Unit Title | Unit type (core or elective) | Unit Training Dates | | Delivery Mode Identifier & Predominant Delivery Mode (eg NYYE) | Responsibility for training | | RPL CT | Method | Outcome | Date deemed competent by SRTO | Employer Support |
| | | | Start | End | | Employer | SRTO | | | | | |
| CHCCCS009 | Facilitate responsible behaviour | Elective | | | YYY | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | |
| CHCCCS002 | Assist with movement | Elective | | | YYY | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | |
| CHCCCS026 | Transport Individuals | Elective | | | YYY | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | |
| HLTAAP001 | Recognise healthy body systems | Core | | | YYY | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | |
| BSBMED301 | Interpret and apply medical terminology | Core | | | YYY | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | |
| BSBWOR301 | Organise personal work priorities and development | Core | | | YYY | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | |
| CHCCCS020 | Respond effectively to behaviours of concern | Elective | | | YYY | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | |
| CHCDIV002 | Promote Aboriginal and/or Torres Strait Islander Cultural Safety | Elective | | | YYY | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | |

VERSION CONTROL

| Version Number | Date | Author | Rational |
|----------------|--------------|----------------|---|
| 1.0 | 20 July 2023 | Lyn McKay | First version |
| 1.01 | 17 May 2024 | Lyn McKay | Reviewed/Update to unit information; layout from feedback received post first release |
| 1.02 | 4 June 2024 | Sue Lawman | New template/formatting |
| 1.03 | 26 June 2024 | Lyn McKay | Reviewed and updated for HSA units only |
| 2.00 | 7 July 2024 | Lyn McKay | Reviewed and new template used |
| 3.00 | 8 April 2025 | Vanessa Harris | Updated with Student and Staff feedback |
| | | | |



Support

Connect n Grow has a friendly team of people who are always available to assist you if you need anything. They are available on:

P: 1300 283 662

E: admin@connectngrow.edu.au

W: www.connectngrow.edu.au



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