



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

This artwork is meant to represent 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 serves the following purposes:

- it provides the Supervisors and trainees with a guide as to the skills and experiences that should occur in the workplace during vocational placement; and
- it provides 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 collaboration 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 book updated and on you and produce it to the employer, training organisation and/or the Department of Employment, Small Business and Training when requested; and
- 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 in accordance with all relevant Workplace Health and Safety laws and regulations.

Your employer/supervisor should evaluate your performance continually by:

- observing you perform and practise tasks on the job;
- discussing your progress with supervisors and co-workers;
- asking you questions about the tasks you are performing on the job; and
- reviewing your job performance.

Units of Competency		
Unit Code	Title	
CHCCOM005	Communicate and work in health or community services	Core (Credit Transfer)
CHCCOM001	Provide first point of contact	Imported Elective (Credit Transfer)
HLTINF006	Apply basic principles and practices of infection prevention and control	Core (Credit Transfer)
HLTWHS001	Participate in workplace health and safety	Core (Credit Transfer)
CHCCCS012	Prepare and maintain beds	Elective (Credit Transfer)
CHCCCS010	Maintain a high standard of service	Elective (Credit Transfer)
CHCDIV001	Work with diverse people	Core (Credit Transfer)
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

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; and
- 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		
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. (Nb: Trainee or Supervisor to enter brief explanation of each situation) 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: <ul style="list-style-type: none"> Assisting a person up off the floor Assisting a person to be weighed on chair weighing scales Assisting a person to change position in bed Assisting a person to use crutches or other walking aids Assisting a person or co-worker to use a hoist or mechanical lifter for transfers Moving a person to a seated position Moving a person by wheelchair or trolley Moving a person between wheelchair or trolley and bed Moving a person to a standing position Transfers from wheelchair to shower chair and toilet Assisting a person who is falling 	<input type="checkbox"/> 	<input type="checkbox"/> 	
(Nb: Trainee or Supervisor to enter brief explanation of each situation) Situation 1: <div style="height: 100px; border: 1px solid black;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	
Situation 2: <div style="height: 100px; border: 1px solid black;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	
Situation 3: <div style="height: 100px; border: 1px solid black;"></div>	<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: (Nb: Trainee or Supervisor to enter brief explanation of each situation)	S	NYS	
	Please tick Satisfactory or Not Yet Satisfactory		
Demonstrated safe work practices during transporting of three (3) people with different transportation requirements including: 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:	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) 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: (Nb: Trainee or Supervisor to enter brief explanation of each situation)			
Recognised and responded appropriately in a least three (3) situations where behaviours of concern were present.	S	NYS	
	Please tick Satisfactory or Not Yet Satisfactory		
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
CHCCCS026 Transport individuals				
CHCCCS020 Respond effectively to behaviours of concern				
CHCCCS009 Facilitate responsible behaviours				

Trainee Activity Sheet				
Unit of competency	Training and Tasks performed	Equipment, aids, medical devices used, documentation/records	Supervisor Initials	Date
BSBWOR301 Organise personal work priorities and development				
CHCCCS002 Assist with movement				

Trainee Activity Sheet			
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

Unit of Competency Information

Unit of competency	Unit description	Example of evidence
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.
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 personnel 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 your 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:

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			YYY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
CHCCOM001	Provide first point of contact	Imported Elective			YYY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
HLTINF006	Apply basic principles and practices of infection prevention and control	Core			YYY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
HLTWHS001	Participate in workplace health and safety	Core			YYY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
CHCCCS010	Maintain a high standard of service	Elective			YYY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
CHCCCS012	Prepare and maintain beds	Elective			YYY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
CHCCCS002	Assist with movement	Elective			YYY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					

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					
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"/>					
CHCCCS009	Facilitate responsible behaviour	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"/>					
CHCDIV001	Work with diverse people	Core			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"/>					

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	Vanessa Harris	Reviewed and updated for HSA units only
2.00	3 August 2024	Vanessa Harris	Updated quality control information and template
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



Connect 'n' Grow®

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