

Appraisal of Employer to Provide Adequate Support for Training

This form will evaluate an employer's eligibility to provide adequate training to their trainee. This will include: the correct supervisory ratio; supervisory qualifications and facilities available to the trainee during their traineeship once an AAC (Australian Apprenticeship Centre) has contacted Alan Bartlett Consulting regarding a new trainee.

If the supervising registered training organisation believes the employer is unable to provide the necessary training resources, the employer and the department should be advised of this immediately.

Trainee Name/s: _____

	BSB			40807 <input type="checkbox"/>	51107 <input type="checkbox"/>
	PMA	20108 <input type="checkbox"/>	30108 <input type="checkbox"/>	40108 <input type="checkbox"/>	
	PMC	20110 <input type="checkbox"/>	30110 <input type="checkbox"/>	40110 <input type="checkbox"/>	
Qualification/s being undertaken:	MSL	20109 <input type="checkbox"/>	30109 <input type="checkbox"/>	40109 <input type="checkbox"/>	50109 <input type="checkbox"/> 60109 <input type="checkbox"/>

Employer Name: _____

Supervision and training check

Is the minimum requirement for adequate training supervision met? Yes No

Note: A designated qualified person is required to be permanently employed at the same workplace as the trainee, predominantly employed during the same working hours as the trainee under the following ratio for each state:

Ratio Check: Qld: 1/1 NSW: Adequate? ACT: Adequate? Vic: Adequate? Tas: RTO Satisfied SA: 1/5 WA: 1/3 NT: AAC Responsibility

If 'No', what alternative arrangements have been made?: _____

Is the designated person qualified to supervise a trainee undertaking a traineeship of this calling*?: Yes No

Name of Qualified Supervisor: _____

Is this designated person a NATA Signatory?: Currently Previously Never

The designated person holds: Degree in _____ Advanced / Associate Diploma of _____
 Diploma of _____ Certificate in _____
 Other _____

****A qualified person is defined as the following**:**

1. a person who has satisfactorily completed a traineeship in the trainee's calling, and is the holder of a **completion certificate** issued under and Act; or
2. a person who holds a **certificate of recognition** issued under 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 an **Australian Recognition Trade Certificate** (ARTC) issued the *Tradesperson's Rights Regulation Act 1946* in the traineeship calling; or
5. a person who holds a relevant **qualification** in the traineeship calling; or
6. a person individually or persons collectively who has/have documented competence (achieved through an RPL or training pathway) or demonstrated competence (against nationally endorsed competency units of the VET sector) in all the competencies the employer is required to provide training for under the trainee's training plan; or
7. a person undertaking a traineeship, at a higher level than the trainee's, whose traineeship incorporates supervisory or co-ordinating 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 (5) and or (6); and Where a licence to practice the calling is required, the qualified person holds a current licence.

If the designated person **'IS NOT'** qualified to supervise a trainee undertaking a traineeship of this calling what alternative arrangements have been made?: _____

Facilities and Range of Work

Does the employer have the relevant facilities and range of work that have been identified as necessary to train the qualification being sought? Yes No

If 'No', what alternative arrangements have been made?: _____

Does this workplace hold NATA Accreditation?: Yes - Refer scope of accreditation No

Will the trainee have access to Computers: Yes No Email: Yes No Internet: Yes No

I hereby authorise the disclosure of the above mentioned information to my State's/Territory's Training Authority and that all the information above is true and correct

Supervised Registered Training Organisation: Alan Bartlett Consulting
Name of SRTO Representative
Eddie Eales <input type="checkbox"/> Greg Broad <input type="checkbox"/> Lucija Hancic <input type="checkbox"/> Mark Hammond <input type="checkbox"/> Mark Mills <input type="checkbox"/> Nicole Humphrey <input type="checkbox"/>
Signature of SRTO Representative
Date: ____/____/____