



# Traineeship Record Book

## HLT33115 Certificate III Health Services Assistance (Admin Pathway)



**Connect 'n' Grow<sup>®</sup>**  
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: Blake Osing, 2025

My art piece symbolises my Aboriginal heritage, showing the turtles as a totem of my tribe and some snakes along the sides to make it look more intriguing.

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

*Student/Trainee 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 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 the 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	
HLTWHS001	Participate in workplace health and safety	Core (CT)
HLTINF006	Apply basic principles and practices of infection prevention and control	Core (CT)
CHCCOM005	Communicate and work in health or community services	Core (CT)
CHCCCS012	Prepare and maintain beds	Elective (CT)
CHCCCS010	Maintain a high standard of service	Elective (CT)
HLTAID011	Provide First Aid	Elective (CT)
HLTAAP001	Recognise healthy body systems	Core
BSBMED301	Interpret and apply medical terminology	Core
CHCDIV001	Work with diverse people	Core (CT)
BSBWOR301	Organise personal work priorities and development	Core
CHCCCS009	Facilitate responsible behaviours	Elective
CHCCCS020	Respond effectively to behaviours of concern	Elective
CHCDIV002	Promote Aboriginal and/or Torres Strait Islander cultural safety	Elective
BSBMED303	Maintain Patient Records	Imported Elective
BSBITU306	Design and produce business documents	Imported Elective

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)

<b>Unit Code &amp; Name:</b>	<b>BSBMED303 Maintain Patient Records</b>	
<b>Trainee FULL Name:</b>		
<b>I, as supervisor of the above-mentioned trainee, confirm that the trainee consistently demonstrates the appropriate level of workplace performance to industry standard.</b>		
<p>The trainee has demonstrated the ability to:</p> <ol style="list-style-type: none"> <li>1. <b>Use the record system</b> to create, access, store, and maintain patient records correctly. They followed workplace rules and respected privacy requirements.</li> <li>2. <b>Identify ways to improve</b> the recordkeeping process <u>or</u> their own work methods. They showed awareness of how tasks could be done better.</li> <li>3. <b>Communicate with the right people</b> (such as a supervisor or team member) about patient records, including asking questions, confirming details, or reporting issues.</li> </ol> <p>(Nb: Trainee or Supervisor to enter brief explanation of each situation)</p>	<b>S</b>	<b>NYS</b>
	Please tick Satisfactory or Not Yet Satisfactory	
<b>Situation 1:</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Situation 2:</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Situation 3:</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Supervisor Feedback (optional):</b>		

<b>Trainee Signature:</b>		<b>Date:</b>	
<b>Supervisor Name:</b> <b>PLEASE PRINT FULL NAME</b>			
<b>Supervisor Position:</b>			
<b>Supervisor Signature:</b>		<b>Date:</b>	



## Third Party Observation Checklist (Performance Evidence)

<b>Unit Code &amp; Name:</b>	<b>BSBITU306 Design and produce business documents</b>		
<b>Trainee FULL Name:</b>			
<b>I, as supervisor of the above-mentioned trainee, confirm the trainee works respectfully with people from diverse social and cultural groups and situations, including Aboriginal and/or Torres Strait Islander people</b>		<b>S</b>	<b>NYS</b>
		Please tick Satisfactory or Not Yet Satisfactory	
<p>The trainee has shown a good understanding of what is involved in working in an Information and Communications Technology or office environment. The trainee has demonstrated knowledge of:</p> <ol style="list-style-type: none"> <li>1. <b>Office equipment and resources</b> – such as computers, printers, phones, and internet, and how they are used in the workplace.</li> <li>2. <b>Software applications</b> – like word processing, spreadsheets, and email, and how they are used to complete tasks.</li> <li>3. <b>Style guides</b> – showing how documents should look, including layout, headings, and fonts.</li> <li>4. <b>Organisational procedures</b> – basic rules and steps that workplaces follow to do tasks properly and keep information safe.</li> </ol> <p>The trainee has not carried out these tasks but has shown understanding of how they are used in a real workplace.</p>			
<b>Supervisor Feedback (optional):</b>     			
<b>Trainee Signature:</b>		<b>Date:</b>	
<b>Supervisor Name:</b> PLEASE PRINT FULL NAME			
<b>Supervisor Position:</b>			
<b>Supervisor Signature:</b>		<b>Date:</b>	

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)

<b>Unit Code &amp; Name:</b>	<b>BSBMED301 Interpret and apply medical terminology appropriately</b>		
<b>Trainee FULL Name:</b>			
<b>I, as supervisor of the above-mentioned trainee, confirm that the trainee consistently demonstrates the appropriate level of workplace performance to industry standard.</b>		<b>S</b>	<b>NYS</b>
		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"/>
<b>Supervisor Feedback (optional):</b>			
<b>Trainee Signature:</b>		<b>Date:</b>	
<b>Supervisor Name:</b> <b>PLEASE PRINT FULL NAME</b>			
<b>Supervisor Position:</b>			
<b>Supervisor Signature:</b>		<b>Date:</b>	

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)			
<b>Situation 1</b>  		<input type="checkbox"/>	<input type="checkbox"/>
<b>Situation 2</b>  		<input type="checkbox"/>	<input type="checkbox"/>
<b>Situation 3</b>  		<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)

<b>Unit Code &amp; Name:</b>	<b>CHCCCS020 Respond effectively to behaviours of concern</b>		
<b>Trainee FULL Name:</b>			
<b>I, as supervisor of the above-mentioned trainee, confirm that the trainee consistently demonstrates the appropriate level of workplace performance to industry standard.</b>	<b>S</b>	<b>NYS</b>	
	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"> <li>Aggression</li> <li>Confusion or other cognitive impairment</li> <li>Intoxication</li> <li>Intrusive behaviour</li> <li>Manipulation</li> <li>Noisiness</li> <li>Self-destructive behaviour</li> <li>Verbal offensiveness</li> <li>Wandering</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
(Nb: Trainee or Supervisor to enter brief explanation of each situation) <b>Situation 1:</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Situation 2:</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Situation 3:</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Situation 4:</b>	<input type="checkbox"/>	<input type="checkbox"/>	

## Third Party Observation Checklist (Performance Evidence)

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

## Third Party Observation Checklist (Performance Evidence)

<b>Unit Code &amp; Name:</b>	CHCCCS009 Facilitate responsible behaviour		
<b>Trainee FULL Name:</b>			
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 (3) situations where behaviours of concern were present.	<b>S</b>	<b>NYS</b>	
	Please tick Satisfactory or Not Yet Satisfactory		
<b>Situation 1:</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Situation 2:</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Situation 3:</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Supervisor Feedback (optional):</b>			
<b>Trainee Signature:</b>		<b>Date:</b>	
<b>Supervisor Name:</b> PLEASE PRINT FULL NAME			
<b>Supervisor Position:</b>			
<b>Supervisor Signature:</b>		<b>Date:</b>	

## Third Party Observation Checklist (Performance Evidence)

<b>Unit Code &amp; Name:</b>	<b>BSBWOR301 Organise personal work priorities and development</b>		
<b>Trainee FULL Name:</b>			
<b>I, as supervisor of the above-mentioned trainee, confirm that the trainee consistently demonstrates the appropriate level of workplace performance to industry standard.</b>	<b>S</b>	<b>NYS</b>	
	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"/>	
<b>Feedback (optional):</b>			
<b>Trainee Signature:</b>		<b>Date:</b>	
<b>Supervisor Name:</b> PLEASE PRINT FULL NAME			
<b>Supervisor Position:</b>			
<b>Supervisor Signature:</b>		<b>Date:</b>	



## 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:

--

<b>Trainee Activity Sheet</b> Further evidence of tasks completed				
<b>Trainee FULL Name:</b>				
<b>Unit of competency</b>	<b>Training and Tasks performed</b>	<b>Equipment, aids, medical devices used, documentation/records</b>	<b>Supervisor Initials</b>	<b>Date</b>
<b>BSBMED303</b> <b>Maintain Patient Records</b>				
<b>BSBITU306</b> <b>Design and produce business documents</b>				
<b>CHCDIV002</b> <b>Promote Aboriginal and/or Torres Strait Islander cultural safety</b>				

Trainee Activity Sheet				
Unit of competency	Training and Tasks performed	Equipment, aids, medical devices used, documentation/records	Supervisor Initials	Date
<b>BSBMED301</b> Interpret and apply medical terminology appropriately				
<b>HLTAAP001</b> Recognise healthy body systems				

Trainee Activity Sheet				
Unit of competency	Training and Tasks performed	Equipment, aids, medical devices used, documentation/records	Supervisor Initials	Date
<b>CHCCCS020</b> <b>Respond effectively to behaviours of concern</b>				
<b>CHCCCS009</b> <b>Facilitate responsible behaviours</b>				

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

  

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
<b>BSBMED303</b>  <b>Maintain Patient Records</b>	<p>This unit describes the skills and knowledge required to maintain patient records within an existing medical records management system, under the supervision of a senior receptionist or practice manager.</p> <p>It applies to individuals who apply a broad range of competencies in various medical administration contexts. They are skilled operators who are expected to exercise discretion and judgement in accessing and maintaining patient records while fully respecting patient privacy and the confidentiality of their details.</p>	<p>The ability to use a recordkeeping system to create, access, store and maintain accurate records, according to organisational and legislative requirements. The ability to identify and recommend improvements to recordkeeping system or own work practices and communicate with relevant people about patient records.</p>
<b>BSBITU306</b>  <b>Design and produce business documents</b>	<p>This unit describes the skills and knowledge required to design and produce various business documents and publications. It includes selecting and using a range of functions on a variety of computer applications.</p> <p>It applies to individuals who possess fundamental skills in computer operations and keyboarding. They may exercise discretion and judgement using appropriate theoretical knowledge of document design and production to provide technical advice and support to a team.</p>	<p>The student/trainee has shown a good understanding of what is involved in working in an Information and Communications Technology (ICT) or office environment. The student has demonstrated knowledge of:</p> <ol style="list-style-type: none"> <li>1. Office equipment and resources – such as computers, printers, phones, and internet, and how they are used in the workplace.</li> <li>2. Software applications – like word processing, spreadsheets, and email, and how they are used to complete tasks.</li> <li>3. Style guides – showing how documents should look, including layout, headings, and fonts.</li> <li>4. Organisational procedures – basic rules and steps that workplaces follow to do tasks properly and keep information safe.</li> </ol> <p>The student/trainee has not carried out these tasks but has shown understanding of how they are used in a real workplace.</p>
<b>CHCDIV002</b>  <b>Promote Aboriginal and/or Torres Strait</b>	<p>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</p>	<p>Promoting Aboriginal and/or Torres Strait Islander cultural safety in the workplace. e.g., communicating and interacting with Aboriginal or Torres Strait Islander clients.</p>

<b>Islander Cultural Safety</b>	practice, and develop strategies to enhance cultural safety.	
<b>BSBMED301</b> <b>Interpret and apply medical terminology appropriately</b>	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.



## Unit of Competency Information

Unit of competency	Unit description	Example of evidence
<b>CHCCCS020</b> <b>Respond effectively to behaviours of concern</b>	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.
<b>BSBWOR301</b> <b>Organise personal work priorities and development</b>	This unit describes the skills and knowledge required to organise your own work schedules, monitor and obtain feedback on work performance, and 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.
<b>CHCCCS009</b> <b>Facilitate responsible behaviours</b>	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.
<b>HLTAAP001</b> <b>Recognise healthy body systems</b>	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.

## 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 SRT0	Employer Support
			Start	End		Employer	SRT0					
HLTWHS001	Participate in workplace health and safety	Core			NNN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CT				
HLTINF006	Apply basic principles and practices of infection prevention and control	Core			NNN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CT				
CHCCOM005	Communicate and work in health or community services	Core			NNN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CT				
CHCCCS012	Prepare and maintain beds	Elective			NNN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CT				
CHCCCS010	Maintain a high standard of service	Elective			NNN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CT				
CHCDIV001	Work with diverse people	Core			NNN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CT				
HLTAID011	Provided First Aid	Elective			NNN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CT				
HLTAAP001	Recognise healthy body systems	Core			YYY	<input type="checkbox"/>	<input type="checkbox"/>					
BSBMED301	Interpret and apply medical terminology	Core			YYY	<input type="checkbox"/>	<input 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					
BSBWOR301	Interpret personal work priorities and development	Core			YYY	<input type="checkbox"/>	<input type="checkbox"/>					
CHCCCS009	Facilitate responsible behaviour	Elective			YYY	<input type="checkbox"/>	<input type="checkbox"/>					
CHCCCS020	Respond effectively to behaviours of concern	Elective			YYY	<input type="checkbox"/>	<input type="checkbox"/>					
BSBMED303	Maintain patient records	Imported Elective			YYY	<input type="checkbox"/>	<input type="checkbox"/>					
CHCDIV002	Promote Aboriginal and/or Torres Strait Islander Cultural Safety	Elective			YYY	<input type="checkbox"/>	<input type="checkbox"/>					
BSBITU306	Design and produce business documents	Imported Elective			YYY	<input type="checkbox"/>	<input type="checkbox"/>					

## VERSION CONTROL

Version Number	Date	Author	Rational
1.0	14 Ma 2025	Vanessa Harris	First version



## 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](mailto:admin@connectngrow.edu.au)

W: [www.connectngrow.edu.au](http://www.connectngrow.edu.au)



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