



Traineeship Record Book



Connect 'n' Grow®

A WORLD WHERE HEALTH PATHWAYS HAPPEN THROUGH QUALITY EDUCATION

RTO 40518

**HLT33115 Certificate III in Health
Services Assistance**

(Allied Health pathway)

Trainee 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: Ava Simper 2024

My artwork symbolises Indigenous Artwork and holds a strong meaning behind it. I decided to incorporate two turtles to represent all Health Care Workers and staff. Even though we seem to have a hard shell on our exterior and are always expected to help and provide. But to always remember we are still soft and human on the inside too! To always be kind to people, because that is best and only way to be treated.

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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	CT Core
HLTINF006	Apply basic principles and practices of infection prevention and control	CT Core
HLTWHS001	Participate in workplace health and safety	CT Core
CHCCCS012	Prepare and maintain beds	CT Elective
CHCCCS010	Maintain a high standard of service	CT Elective
CHCDIV001	Work with diverse people	CT Core
HLTAHA027	Assist with an allied health program	Imported Elective
HLTAHA049	Recognise impact of health conditions	Imported Elective
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
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 FULL Name:		
Trainee Signature:		Date:
Supervisor 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:	HLTAHA027 Assist with an allied health program		
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.			
Documented and assisted with four (4) allied health activities as delegated by the Allied Health Professional, for people with different needs, and this must include: <ul style="list-style-type: none"> At least two different individual therapy activities – in the workplace 	S	NYS	
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"/>	
Supervisor Feedback (optional):			
Trainee Signature:		Date:	
Supervisor FULL Name:			
Supervisor Position:			
Supervisor Signature:		Date:	

Third Party Observation Checklist (Performance Evidence)

Unit Code & Name:	HLTAHA049 Recognise impact of health conditions		
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.			
Obtained, interpreted and used knowledge of the human body and healthy functioning by:			
<ul style="list-style-type: none"> Recognises impacts of health conditions of at least two different people presenting with different conditions 	S	NYS	
Situation 1:	<input type="checkbox"/>	<input type="checkbox"/>	
Situation 2:	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Provided information to two people and the delegating health professionals in different situations. 	S	NYS	
Situation 1:	<input type="checkbox"/>	<input type="checkbox"/>	
Situation 2:	<input type="checkbox"/>	<input type="checkbox"/>	
Supervisor Feedback (optional):			
Trainee Signature:		Date:	
Supervisor FULL Name:			
Supervisor Position:			
Supervisor Signature:		Date:	

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	
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 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	
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 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	
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"/>	
Recognized 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. <i>(Nb: Trainee or Supervisor to enter brief explanation of each situation)</i>			
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 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
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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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"/>

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 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	
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 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
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 FULL Name:			
Supervisor Position:			
Supervisor Signature:		Date:	

Third Party Observation Checklist (Performance Evidence)

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.	Yes	No	
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 FULL Name:			
Supervisor Position:			
Supervisor Signature:		Date:	

Shift Logbook

Trainee FULL Name:					
Organisation:					
Instructions:	<p>Allied Health students are required to complete a minimum of One Hundred and Twenty (120) hours in an Allied Health setting under the supervision of an Allied Health Professional. The student is to record all hours worked during placement time.</p> <p>The student is to record the date, start and finish time of each shift, and duration of time worked. Each entry is required to be initialed by a student and the assigned supervisor at the end of each work shift.</p> <p>The assigned supervisor needs to be an Allied Health Professional to be able to monitor and review at the completion of placement.</p>				
Date:	Work Shift		Duration:	Student Initial	Supervisor Initial
	Start time:	Finish time:			

Date:	Work Shift		Duration:	Student Initial	Supervisor Initial	
	Start Time:	Finish Time:				
		Total Hours:				
Supervisor Full Name:						
Supervisor Position:						
Supervisor Signature:				Date:		
Trainee 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
HLTAHA027 Assist with an allied health program				
HLTAHA049 Recognise impact of health conditions				
CHCDIV002 Promote Aboriginal and/or Torres Strait Islander cultural safety				

Trainee Activity Sheet

Unit of competency	Training and Tasks performed	Equipment, aids, medical devices used, documentation/records	Supervisor Initials	Date
BSBMED301 Interpret and apply medical terminology appropriately				
HLTAAP001 Recognise healthy body systems				
CHCCCS002 Assist with movement				

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 behaviors of concern				
BSBWOR301 Organise personal work priorities and development				

Trainee Activity Sheet

Supervisor Feedback (Optional):			
Supervisor FULL Name:			
Supervisor Position:			
Supervisor Signature:		Date:	

Unit of Competency Information

Unit of competency	Unit description	Example of evidence
HLTAHA027 Assist with an allied health program	<p>This unit describes the skills and knowledge required to provide assistance to an Allied Health Professional. Work includes following treatment plans for therapeutic interventions or conducting programs.</p> <p>This unit applies to allied health assistants and should be performed under the direct, indirect or remote supervision and delegation of an Allied Health Professional (AHP).</p>	<p>Receive delegation and gather information; prepare for therapy activity; provide assistance with therapy activity; provide feedback to treating health professionals; assist in the maintenance of therapy equipment and resources</p>
HLTAHA049 Recognise impact of health conditions	<p>This unit describes the skills and knowledge required to recognise the impact of health conditions of a person undertaking an intervention or therapy program. Work includes using a basic understanding of the human body to assist in interpreting information about person's health status to promote ways to maintain a healthy functioning of the body.</p> <p>This unit applies to Allied Health Assistants and should be performed under the direct, indirect or remote supervision and delegation of an Allied Health Professional (AHP).</p>	<p>Receive delegation and gather information; obtain information regarding the person's health status; confirm physical health status and discuss healthy functions of the body; recognise variations from normal physical health status</p>
CHCDIV002 Promote Aboriginal and/or Torres Strait Islander Cultural Safety	<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 practice, and develop strategies to enhance cultural safety.</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>
BSBMED301 Interpret and apply medical terminology appropriately	<p>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.</p>	<p>Interpreting and following written instructions containing medical terminology: using medical terminology correctly in oral communications; identifying abbreviations e.g., reading patient charts, prescriptions, referrals.</p>
HLTAAP001 Recognise healthy body systems	<p>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.</p>	<p>Working effectively with information about the human body and its healthy functioning. eg observing vital signs being taken and discussed.</p>

Unit of Competency Information

Unit of competency	Unit description	Example of evidence
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.
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

Traineeship Completion Declaration

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

Trainee FULL Name:			
Trainee Signature:		Date:	
Supervisor 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 Plan					Assessment				
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	Employer support of competence	Date deemed competent by RTO
			Start	End		Employer	RTO					
CHCCOM005	Communicate and work in health or community service	Core			NNN	<input type="checkbox"/>	<input type="checkbox"/>	CT				
HLTINF006	Apply basic principles and practices of infection prevention and control	Core			NNN	<input type="checkbox"/>	<input type="checkbox"/>	CT				
HLTWHS001	Participate in workplace health and safety	Core			NNN	<input type="checkbox"/>	<input type="checkbox"/>	CT				
CHCCCS010	Maintain a high standard of service	Elective			NNN	<input type="checkbox"/>	<input type="checkbox"/>	CT				
CHCCCS012	Prepare and maintain beds	Elective			NNN	<input type="checkbox"/>	<input type="checkbox"/>	CT				
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"/>					

Units of Competency			Formal Training Plan					Assessment				
Unit code	Unit Title	Unit type (core or elective)	Unit Training Dates		Delivery Mode Identifier & Predominant Delivery Mode (eg YYYY)	Responsibility for training		RPL / CT	Method	Outcome	Employer support of competence	Date deemed competent by RTO
			Start	End		Employer	RTO					
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"/>					
CHCDIV001	Work with diverse people	Core			NNN	<input type="checkbox"/>	<input type="checkbox"/>	CT				

Units of Competency			Formal Training Plan				Assessment					
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	Employer support of competence	Date deemed competent by RTO
			Start	End		Employer	RTO					
HLTAHA027	Assist with an allied health program	Imported Elective	<input type="text"/>	<input type="text"/>	YYY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HLTAHA049	Recognise impact of health conditions	Imported Elective	<input type="text"/>	<input type="text"/>	YYY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	Inclusion of HLTAHA027 & HLTAHA049
1.04	1 August 2024	Vanessa Harris	Change Clinical Skills Logbook to Shift Logbook
2.00	1 July 2024	Carol Grant	Updated quality control information



Connect 'n' Grow[®]

A WORLD WHERE HEALTH PATHWAYS HAPPEN THROUGH QUALITY EDUCATION

RTO 40518

Support

Connect 'n' Grow[®] has a friendly team of staff who are always there to assist you if you need anything, please contact them on:

1300 283 662

admin@connectngrow.edu.au



www.connectngrow.edu.au

