

Employer resource assessment – Polymer industry apprentices PMB30121 and PMB40121 qualifications only (current until 31 March 2027)

TO BE COMPLETED AND RETAINED BY THE SUPERVISING REGISTERED TRAINING ORGANISATION FOR AUDIT PURPOSES

This form is made available to assist a supervising registered training organisation (SRTO) to comply with its obligations under the *Further Education and Training Act 2014* (FET Act), and Skills Assure supplier (SAS) agreement where applicable.

The employer resource assessment (ERA) is an approved form under the FET Act. It is a report about an employer's capacity to provide or arrange to provide the range of work, facilities and supervision required under a training plan. A [guide for SRTOs](#) has been developed to assist with completing the ERA.

Apprenticeships and traineeships are employment-based training pathways to obtain a qualification or statement of attainment. It is essential the employment arrangements, including facilities, range of work and supervision, support the apprenticeship or traineeship outcome. When a registered training organisation agrees to become the SRTO for an apprentice or trainee, the SRTO must assess the employer's capacity to provide the facilities, range of work and supervision, and complete the ERA when preparing the training plan required for the apprenticeship or traineeship.

The FET Act requires the SRTO to take all reasonable steps to ensure the training plan is signed:

- within 3 months of the start of the apprenticeship or traineeship, or
- within 28 days of a change of SRTO or permanent transfer of the training contract.

Throughout the life of the training plan, the SRTO has an ongoing role in monitoring the employment arrangements to ensure there are no changes which impact the employer's capacity to continue to provide the training. The ERA must be reviewed as a minimum every 3 months, which aligns with the process of reviewing the training record. However, changes to the training plan and/or the commencement of additional apprentices in the workplace in the same qualification will also require the SRTO to review the ERA. Evidence of all reviews must be retained by the SRTO. [Attachment 1](#) may be used to record details of ERA reviews.

If the employer is unable to provide, or arrange to provide the training resources necessary to achieve the outcomes of the training plan, and is unwilling/unable to negotiate alternative arrangements, the SRTO **must not commit** to the training plan and **must immediately** advise the employer, the Apprentice Connect Australia Provider (Provider) and the Department of Trade, Employment and Training (DTET).

Where the employer is a GTO or PEO

In the case of a group training organisation (GTO) or principal employer organisation (PEO), the SRTO is required to complete an ERA for the first host employer's workplace. For permanent transfers where the new employer is a GTO/PEO, an ERA is required to be completed for the first host employer. It is not a requirement to review the ERA at 3 monthly intervals for GTO/PEO training contracts.

Privacy declaration

In completing this form, the SRTO named confirms that where any personal information is included in the answers provided, the SRTO:

- has taken all reasonable steps to be satisfied that the relevant person has provided their consent (either express or implied) to the SRTO disclosing that information to DTET; or
- is satisfied that it is otherwise authorised or required under a law to disclose that information to DTET or the Provider.

For the purposes of this form, 'personal information' means information or an opinion, including information forming part of a database, whether true or not, and whether recorded in material form or not, about an individual whose identity is apparent, or can reasonably be ascertained from the information or opinion.

Employer resource assessment

WORKPLACE AND QUALIFICATION DETAILS	
Employer trading name:	
Host employer trading name: (GTO/PEO contracts only)	
Workplace where apprentice/s will be employed: (The actual site of employment where apprentice/s works, not the head office location)	
Qualification name:	
Apprentice's name: (Note: Where there is more than 1 apprentice in the workplace the SRTO must complete APPENDIX TWO.)	
RANGE OF WORK (Note: attach additional information if there is insufficient space)	
<p>Employers must be able to provide, or arrange to provide, apprentices work tasks aligned to the qualification being undertaken.</p> <p>Note: The negotiation and establishment of the training plan requires the SRTO to identify any units of competency where the workplace cannot provide suitably aligned tasks. The training plan specifies these units must be recorded in the ERA with the alternative arrangements for training and assessment.</p> <p>Units of competency from the training plan for which the employer is unable to provide aligned workplace tasks. Detail the units and how the training and assessment will be undertaken by the SRTO, e.g. temporary transfer, simulated assessment, group training.</p>	
Unit of competency detail	How training and assessment will occur
WORKPLACE FACILITIES AND EQUIPMENT	
<p>Is the employer capable of supplying adequate facilities and equipment in this workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No (Must be completed)</p>	
<p>If not, provide details of the alternative arrangements being put in place to address this issue:</p>	

NUMBER OF APPRENTICES TO QUALIFIED PERSONS (SUPERVISORS)

As part of the SRTO's responsibility to assess an employer's capacity to provide adequate training arrangements, the SRTO is to determine if the apprentice's supervisor can:

- supervise other apprentices at the workplace where the apprenticeship is being completed; or
- **not** supervise any other apprentices at the workplace where the apprenticeship is being completed.

Where an SRTO determines a supervisor can supervise other apprentices, they must justify how an employer is providing adequate supervision.

The Queensland Plastics Industry Training Committee (QPITC) applied to the Queensland Apprenticeship and Traineeship Office (QATO) to modify the supervisory arrangements to enable the implementation of:

- PMB30121 Certificate III in Polymer Processing – all approved occupational streams
- PMB40121 Certificate IV in Polymer Technology – Polymer Technician.

The approved modifications will be in place until 31 March 2027 to allow the implementation of the new Polymer Technician apprenticeship and to support new and emerging industries with the implementation of Certificate III in Polymer Processing.

As a person with the same qualification may not be in place, it is approved that a person or a combination of persons who have at least equivalent qualifications and/or experience required by 15.1 of the declaration policy as approved by the Queensland Plastics Industry Training Committee Inc., will be able to supervise the apprentices in the above apprenticeships. Qualifications that are at least equivalent include diploma, degree or higher qualifications.

SUPERVISION OF TRAINING (Note: Please attach additional information if there is insufficient space)

List the appropriately qualified staff employed by the employer who will supervise the apprentice/s in the workplace. The apprentice/s must have immediate access to the appropriately qualified staff in the same workplace and predominately during the same working hours.

Name:	
Name:	
Name:	
Name:	
Name:	

Details of qualification/s held by the supervisor/s and relevance to a Polymer apprenticeship:

Approved by Secretary, Queensland Plastics Industry Training Committee Inc.	Signature:		Date:	
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Total number of full-time apprentices in the identified qualification, in the workplace:

Total number of school-based or part-time apprentices in the identified qualification, in the workplace:

Number of qualified persons in the workplace that can provide training under the apprentice's training plan:
(Note: If using a collective they are counted as ONE qualified person.)

Where there are more apprentices than qualified persons, provide a summary of why supervision arrangements have been determined sufficient and **complete APPENDIX ONE.**

Penalties apply for any false or misleading information provided to DTET.

EMPLOYER DECLARATION			
I, the employer, declare that:			
<ul style="list-style-type: none"> From the date of commencement of the training contract, I have provided, or arranged to provide, the apprentice with the facilities, range of work, supervision and training required under the apprentice's training plan. Should the circumstances change in relation to my ability to continue to provide, or arrange to provide, the apprentice with the facilities, range of work, supervision and/or training, I will advise the supervising registered training organisation. I understand any changes to the circumstances in relation to my ability to provide, or arrange to provide, the apprentice with the facilities, range of work, supervision and/or training may result in DTET cancelling the training contract. 			
Employer's signature:		Date:	
Name of authorised person signing for the employer: (please print)			

SRTO DECLARATION				
I, the SRTO, declare that:				
<ul style="list-style-type: none"> I have conducted a thorough and accurate assessment of the employer's facilities, range of work, supervision and ability to train the apprentice or trainee and have determined that the employer is able to provide, or arrange to provide, the facilities, range of work, supervision and training required under the apprentice's training plan. Where alternative arrangements regarding the range of work and/or facilities have been identified, these arrangements have been clearly identified in the apprentice's training plan. I understand that DTET will audit the process I conducted in assessing the employer's facilities, range of work, supervision and ability to train the apprentice. I understand where it is determined that there are issues with the evidence and/or process in relation to the assessment of the employer's facilities, range of work, supervision and/or ability to train the apprentice, recovery of funds and/or cancellation of the training contract may result. 				
Name of SRTO:				
ERA completed via: (X all that apply)	<input type="checkbox"/> Workplace visit	<input type="checkbox"/> Phone or email	<input type="checkbox"/> Skype (or similar)	Other:
SRTO's signature:		Date:		
Name of authorised person signing for SRTO: (please print)				

APPRENTICE DECLARATION (Note: For additional apprentices, complete APPENDIX TWO)			
I, the apprentice, declare that:			
<ul style="list-style-type: none"> I understand the requirement to keep up to date with training, and I need to have obtained a sufficient range of workplace experience prior to the completion of my apprenticeship. 			
Name of apprentice:			
Apprentice's signature:		Date:	

This **APPENDIX TWO** is only required where there is more than one apprentice in the workplace in the same qualification covered by this ERA.

(Note: Copy this page and attach to the ERA if there is insufficient space.)

APPRENTICE DECLARATION			
I, the apprentice, declare that I understand the requirement to keep up to date with training, and I need to have obtained a sufficient range of workplace experience prior to the completion of my apprenticeship.			
Name of apprentice			
Apprentice's signature:		Date:	

APPRENTICE DECLARATION			
I, the apprentice, declare that I understand the requirement to keep up to date with training, and I need to have obtained a sufficient range of workplace experience prior to the completion of my apprenticeship.			
Name of apprentice			
Apprentice's signature:		Date:	

APPRENTICE DECLARATION			
I, the apprentice, declare that I understand the requirement to keep up to date with training, and I need to have obtained a sufficient range of workplace experience prior to the completion of my apprenticeship.			
Name of apprentice			
Apprentice's signature:		Date:	

APPRENTICE DECLARATION			
I, the apprentice, declare that I understand the requirement to keep up to date with training, and I need to have obtained a sufficient range of workplace experience prior to the completion of my apprenticeship.			
Name of apprentice			
Apprentice's signature:		Date:	

Attachment 1

The following table may be used to record details of ERA reviews conducted by the SRTO

EMPLOYER WORKPLACE ARRANGEMENTS REVIEWED		
Date	Review method (e.g. phone, visit)	SRTO representative

