Further Education and Training Act 2014

ATF-013(ECEC)

Employer resource assessment – Early Childhood Education and Care

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 their 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 or trainees 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 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.



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Employer resource assessment

| WORKPLACE AND QUALIFICATION DETAILS | | | | | | | |
|--|-----------------------------|--------------------|-------------------------------|---------------------------|---|--|--|
| Employer tra | nding name: | | | | | | |
| Host employ (GTO/PEO contr | rer trading name | : | | | | | |
| Workplace where apprentice/s or trainee/s will be employed: (The actual site of employment where apprentice/s or trainee/s works, not the head office location.) | | | | | | | |
| Qualification | Qualification name: | | | | | | |
| Apprentice or trainee's name: (Note: Where there is more than 1 apprentice or trainee in the workplace the SRTO must complete APPENDIX TWO.) | | | | | | | |
| circle): *A Reg | | that is regulated | d under either the <i>Edu</i> | | trainee/s will be employed in (please es Act 2013 or the Education and Care Services | | |
| Long day care | Budget based funded service | Family day care | Occasional care service | Outside school hours care | Limited hours care or Early childhood education and care services that are also disability services | | |
| Does the ser | vice have childi | en under 2 y | years old? 🗌 Ye | es 🗌 No | | | |
| including de | tails of planned | alternate wo | orkplace for appr | opriate observation | ng and assessment will be conducted, on and assessment. If applicable, the planned alternate workplace. | | |
| | | | | | | | |
| RANGE OF | WORK (Note: P | ease attach | additional informa | tion if there is insuf | ficient space) | | |
| Employers <u>must</u> be able to provide apprentices and trainees with work tasks aligned to the qualification being undertaken. 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 alternate arrangements for training and assessment. | | | | | | | |
| 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 placement, simulated assessment, group training. | | | | | | | |
| Unit of competency detail | | | il | How tra | ining and assessment will occur | | |
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| WORKPLACE FACILITIES AND EQUIPMENT | | | | | | | |
| Is the employer capable of supplying adequate facilities and equipment in this workplace? Yes No (Must be completed) | | | | | | | |
| If not, provide details of the alternative arrangements being put in place to address this issue: | | | | | | | |
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NUMBER OF APPRENTICES AND TRAINEES 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 or trainee's supervisor can:

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

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

ECEC is a regulated industry with specific licencing requirements. All references to a qualified person in this document relate to the appropriately qualified person holding a Certificate III or a Diploma/Advanced Diploma in Early Childhood Education and Care.

| Total number of full-time apprentices in the workplace: | | | | |
|---|--|--|--|--|
| Total number of school-based or part-time apprentices in the workplace: | | | | |
| Total number of full-time trainees in the workplace: | | | | |
| Total number of school-based or part-time trainees in the workplace: | | | | |
| Number of Certificate III qualified persons in the workplace: | | | | |
| Number of Diploma/Advanced Diploma qualified persons in the workplace: | | | | |
| Where there are more apprentices or trainees than supervisors (qualified persons), provide a summary of why supervision arrangements have been determined sufficient and complete APPENDIX ONE . | | | | |
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| SUPERVISION OF TRAINING (Note: Please attach additional information if there is insufficient space) | | | | |

| The apprentice or trainee must have immediate access to the appropriately qualified staff in the same workplace and predominately during the same working hours. | | | | | |
|--|---------------|--|--|--|--|
| Name | Qualification | | | | |
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List the appropriately qualified staff employed by the employer who will supervise the apprentice or trainee in the workplace.



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

| EMPLOYER DECLARATION | | | | | | |
|---|---|------------------|--------------------|----------------|---------------------|--------------|
| I, the employer, declare that: | | | | | | |
| From the date of commencement of the training contract, I have provided, or arranged to provide, the apprentice or trainee with the facilities, range of work, supervision and training required under the apprentice or trainee's training plan. | | | | | | |
| apprentice or trair | Should the circumstances change in relation to my ability to continue to provide, or arrange to provide, the apprentice or trainee with the facilities, range of work, supervision and/or training, I will advise the supervising registered training organisation. | | | | | |
| I understand any apprentice or train the training contra | nee with the faci | | | | | |
| Employer's signature: | | | | | Date: | |
| Name of authorised pers for the employer: (please | | | | | • | |
| SRTO DECLARATION | | | | | | |
| I, the SRTO, declare that: | | | | | | |
| 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 the employer is able to provide, or arrange to provide, the facilities, range of work, supervision and training required under the apprentice or trainee's training plan. | | | | | | |
| Where alternative arrangements have | | | | | | these |
| I understand that supervision and a | | | | ng the employe | er's facilities, ra | nge of work, |
| 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 or trainee, recovery of funds and/or cancellation of the training contract may result. | | | | | | |
| Name of SRTO: | | | | | | |
| ERA completed via: (X all that apply) | ☐ Workplace visit | ☐ Phone or email | Skype (or similar) | Other: | | |
| SRTO's signature: | | | | | Date: | |
| Name of authorised person signing for SRTO: (please print) | | | | | | |
| APPRENTICE/TRAINEE DECLARATION (Note: for additional apprentices or trainees complete APPENDIX TWO) | | | | | | |
| I, the apprentice/trainee, declare that: | | | | | | |
| I understand the requirement to keep up to date with training as per my training plan, and that I need to have obtained a sufficient range of workplace experience prior to the completion of my apprenticeship/traineeship. | | | | | | |
| Name of apprentice or trainee: | | | | | | |
| Apprentice or trainee's signature: Date: | | | | | | |



This <u>APPENDIX ONE</u> is only required where there is more than 1 apprentice or trainee to a supervisor.

Supervision arrangements listed below are in addition to supervisors/employers' obligations under the *Education and Care Services Act 2013* and the *Education and Care Services National Law (Queensland)*, or as applicable for Norfolk Island.

| Apprentice or trainee name | Cert III or Diploma | Previous experience (if applicable) | Contract mode (PT, FT, SAT) | Current stage (new, <50%, >50%) | Supervisor name | Additional supporting information |
|----------------------------|------------------------|--|--------------------------------|------------------------------------|-----------------|-----------------------------------|
| e.g. Jane Smith | Cert III | Nil | School-based | New | Johann Doe | N/A |
| e.g. John Smythe | Cert III | 5 years family day care | Full-time | >50% | Janet Doe | N/A |
| e.g. Jody Smithy | Diploma | Did school-based Cert III | Full-time | <50% | Johann Doe | N/A |
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ATF-013(ECEC) - Appendix Two

This <u>APPENDIX TWO</u> is only required where there is more than one apprentice or trainee studying Certificate III or Diploma of Early Childhood Education and Care in the workplace.

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

| APPRENTICE/TRAINEE DECLARA | ATION | | | | | |
|---|---|-----------|-------------------------|--|--|--|
| I, the apprentice/trainee, declare that I understand the requirement to keep up to date with training as per my training plan, and I need to have obtained a sufficient range of workplace experience prior to the completion of my apprenticeship/traineeship. | | | | | | |
| Name of apprentice/trainee: | tice/trainee: | | | | | |
| Apprentice/trainee's signature: | | Date: | | | | |
| APPRENTICE/TRAINEE DECLARA | ATION | | | | | |
| I, the apprentice/trainee, declare that I und to the completion of my apprenticeship/tra | derstand the requirement to keep up to date with training as per my training plan, and I need to have obtained a sufficient ran aineeship. | ige of wo | kplace experience prior | | | |
| Name of apprentice/trainee: | | | | | | |
| Apprentice/trainee's signature: | | Date: | | | | |
| APPRENTICE/TRAINEE DECLARA | ATION | | | | | |
| I, the apprentice/trainee, declare that I und to the completion of my apprenticeship/tra | derstand the requirement to keep up to date with training as per my training plan, and I need to have obtained a sufficient ran aineeship. | ige of wo | kplace experience prior | | | |
| Name of apprentice/trainee: | | | | | | |
| Apprentice/trainee's signature: | | Date: | | | | |
| APPRENTICE/TRAINEE DECLARATION | | | | | | |
| I, the apprentice/trainee, declare that I und to the completion of my apprenticeship/tra | derstand the requirement to keep up to date with training as per my training plan, and I need to have obtained a sufficient ran aineeship. | ige of wo | kplace experience prior | | | |
| Name of apprentice/trainee: | | | | | | |
| Apprentice/trainee'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 | | | |
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