

WORKPLACE TRAINING AGREEMENT APPLICATION FORM

CHCSS00070 Assist Clients with Medication -Skill Set

Work placement activities are the central component of the skills development and learning that all clients must undertake to gain competency in nationally recognised Qualifications, Skill Sets and Units of Competency. This application form is to be completed by all clients enrolling in this Skill Set.

It is the Clients obligation to seek out a Venue with the required equipment and facilities for this course. Clients that are currently employed in an Aged/Community/Disability/HomeCare organisation still need to complete this application form. For Clients that are not employed in the industry, they may access the facilities of any Aged/Community/Disability/HomeCare organisation, as long as permission is given by the organisation, and that the Venue has all the equipment as listed below.

Equipment and facilities required for CHCSS00070 Assist Clients with Medication -Skill Set:

Participants in the Course are required to participate in a minimum of 8 hours of work placement or employment in a suitable organisation such as an: Aged Care facility; Home Care provider; Disability provider; Group Home. A suitable organisation will be a service which can provide the Client with access to the following:

- An Enrolled Nurse or Registered Nurse for on-the-job supervision and collection of evidence
- Medication, placebo medication, administration equipment, charts and documentation,
- At least 5 different clients of the organisation and their individualised care plans,
- At least 5 different clients of the organisation who use 5 different types of medications using at least 3 different modes of administration.

Instructions

Clients: Please complete this application form and upload it when completing the online enrolment form. The Academy will then contact the Host Organisation and establish a written Workplace Training Agreement with them, if the venue(s) meet with the requirements as listed above. Clients will also be required to sign the WTA prior to course commencement.

If Clients have any questions or queries they should call the Academy on 02 89140680 or email info@alturalearningacademy.edu.au

Client Details	
Client Name:	
Course:	CHCSS00070 Assist Clients with Medication
Are you employed by the organisation?	
External Host Organisation Details	
Host Organisation:	
Name of Contact Person at Host Organisation:	
Email Address for Contact at Host Organisation:	
Phone number for Contact at Host Organisation:	
Location/Venue of Host Organisation where Work Placement will occur:	

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