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| SIGNALS COMPETENCY - WORK BASED TRAINING - ASSESSMENT | | | RIW # | |  |
| *This form can be used to demonstrate Work Based Training to achieve Level 1 in a specific skill that is listed in the Statement of Competency for the Role and it is not covered by formal training courses.* | | | | | |
| **A. Applicant and Supervisor details** | | | | | |
| **Name** |  | | | | |
| **Address** |  | | | | |
| **Suburb/City** |  | **Postcode** | |  | |
| **Telephone** |  | **Email** | |  | |
| **Organisation** |  | **Position** | |  | |
| **Verifying Supervisor** |  | | | | |
| **RIW ID** |  |  | |  | |
| **Telephone** |  | **Email** | |  | |
| **Organisation** |  | **Position** | |  | |

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| The Supervisor shall have a level 2 in the skill being assessed. See ESP-20-02 for details. | | | | | | | |
| **B. Work Experience Record** | | | | | | | |
| Work Experience Record has been updated: | | | | | | | |
| 1 | Has the item been included on the person’s Work Experience Record | | | | | | |
| 2 | Has the Work Entries been endorsed by Supervisor/Manager | | | | | | |
|  | | | | | | | |
| **C. Rail Industry Worker** | | | | | | | |
| Confirm status of the following: | | | | | | | |
| Track Safety Awareness/Rail Safety Induction valid to date: | | | | | | | |
|  | | | | | | | |
| **D. Standards Updates** | | | | | **Reviewer Comments** | | |
| I (applicant) confirm: | | | | |  | | |
|  | That I have reviewed the ARTC Signals Standards Change Register within the past 3 months | | | |  | | |
|  | That I have reviewed any changes to standards and procedures that relate to signals work that I undertake. | | | |  | | |
|  | | | | | | | |
| **E. Competency Performance Declaration** | | | | | | | |
| **I Declare**   * **I have not undertaken work for which I do not have an ARTC Signals Competency.** * **Work undertaken at a higher competency rating was under appropriate supervision and mentorship.**   **I Declare that the information on this form and attachments is true and correct and fully provides all relevant details for the review of my performance for Work Based Training.** | | | | | | | |
| **Signature:** | |  | **Name:** |  | | Date: |  |
| **Witness (Performance Reviewer)** | | | | | | | |
| **Signature:** | |  | **Name:** |  | | Date: |  |

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| SIGNALS COMPETENCY - WORK BASED TRAINING - ASSESSMENT | | | | | | | | RIW ID # | |  | | |
| For: | | **<<insert Name>>** | | | | | | | | | | |
| **F. Performance Review.** *Competent Supervisor is to review the performance of the Trainee against the requirements. Supervisor shall personally witness the performance of the tasks or personally review the output from the tasks. Supervisor shall include comments that performance was: in accordance with the specific requirements or failed to undertake the tasks satisfactorily. Supervisor may identify subjects where the trainee requires more training/mentoring. The skill is to be assessed for 3 practical work episodes.* | | | | | | | | | | | | |
|  | SOC Skill: Insert Name of Skill from Statement of Competency ENTER TEXT HERE | | | | | | | | | | | |
|  | **First Work Episode Details**: Details of the first work episode is to be recorded here, including date and location and details of the task. ENTER TEXT HERE | | | | | | | | | | | |
|  | **Detail below the requirements to be assessed and Supervisor comments on the performance.** | | | | | | | | | | | |
| 1 | Requirement to be assessed ENTER TEXT HERE  Supervisor Comment on Performance ENTER TEXT HERE | | | | | | | | | | | |
| 2 | Requirement to be assessed ENTER TEXT HERE  Supervisor Comment on Performance ENTER TEXT HERE | | | | | | | | | | | |
| 3 | Requirement to be assessed ENTER TEXT HERE  Supervisor Comment on Performance ENTER TEXT HERE | | | | | | | | | | | |
| 4 | Requirement to be assessed ENTER TEXT HERE  Supervisor Comment on Performance ENTER TEXT HERE | | | | | | | | | | | |
| 5 | Requirement to be assessed ENTER TEXT HERE  Supervisor Comment on Performance ENTER TEXT HERE | | | | | | | | | | | |
| 6 | Requirement to be assessed ENTER TEXT HERE  Supervisor Comment on Performance ENTER TEXT HERE | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **G. Supervisor Declaration** | | | | | | | | | | | | |
| **I Declare that I have undertaken the review of the performance of the candidate and confirm:**   * **Comments above are a true and fair assessment of the performance of the candidate; and** * **I have personally reviewed the performance items above; and** * **The candidate otherwise is fit and competent to perform in accordance with rated competencies; and** * **There are no other issues that could affect the competency rating of the candidate.** | | | | | | | | | | | | |
| **Supervisor skill title** | | | |  | | | **Supervisor skill level** | | | |  | |
| **Signature:** | | |  | | **Name:** |  | | | Date: | | |  |
|  | | | | | | | | | | | | |
| **Trainee – I accept the Work Based Training Assessment as detailed.** | | | | | | | | | | | | |
| **Signature:** | | |  | | **Name:** |  | | | Date: | | |  |

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| SIGNALS COMPETENCY - WORK BASED TRAINING - ASSESSMENT | | | | | | | | RIW ID # | |  | | |
| For: | | **<<insert Name>>** | | | | | | | | | | |
| **H. Performance Review.** *Competent Supervisor is to review the performance of the Trainee against the requirements. Supervisor shall personally witness the performance of the tasks or personally review the output from the tasks. Supervisor shall include comments that performance was: in accordance with the specific requirements or failed to undertake the tasks satisfactorily. Supervisor may identify subjects where the trainee requires more training/mentoring. The skill is to be assessed for 3 practical work episodes.* | | | | | | | | | | | | |
|  | SOC Skill: Insert Name of Skill from Statement of Competency ENTER TEXT HERE | | | | | | | | | | | |
|  | **Second Work Episode Details**: Details of the second work episode is to be recorded here, including date and location and details of the task. ENTER TEXT HERE | | | | | | | | | | | |
|  | **Detail below the requirements to be assessed and Supervisor comments on the performance.** | | | | | | | | | | | |
| 1 | Requirement to be assessed ENTER TEXT HERE  Supervisor Comment on Performance ENTER TEXT HERE | | | | | | | | | | | |
| 2 | Requirement to be assessed ENTER TEXT HERE  Supervisor Comment on Performance ENTER TEXT HERE | | | | | | | | | | | |
| 3 | Requirement to be assessed ENTER TEXT HERE  Supervisor Comment on Performance ENTER TEXT HERE | | | | | | | | | | | |
| 4 | Requirement to be assessed ENTER TEXT HERE  Supervisor Comment on Performance ENTER TEXT HERE | | | | | | | | | | | |
| 5 | Requirement to be assessed ENTER TEXT HERE  Supervisor Comment on Performance ENTER TEXT HERE | | | | | | | | | | | |
| 6 | Requirement to be assessed ENTER TEXT HERE  Supervisor Comment on Performance ENTER TEXT HERE | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **I. Supervisor Declaration** | | | | | | | | | | | | |
| **I Declare that I have undertaken the review of the performance of the candidate and confirm:**   * **Comments above are a true and fair assessment of the performance of the candidate; and** * **I have personally reviewed the performance items above; and** * **The candidate otherwise is fit and competent to perform in accordance with rated competencies; and** * **There are no other issues that could affect the competency rating of the candidate.** | | | | | | | | | | | | |
| **Supervisor skill title** | | | |  | | | **Supervisor skill level** | | | |  | |
| **Signature:** | | |  | | **Name:** |  | | | Date: | | |  |
|  | | | | | | | | | | | | |
| **Trainee – I accept the Work Based Training Assessment as detailed.** | | | | | | | | | | | | |
| **Signature:** | | |  | | **Name:** |  | | | Date: | | |  |

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| SIGNALS COMPETENCY - WORK BASED TRAINING - ASSESSMENT | | | | | | | | RIW ID # | |  | | |
| For: | | **<<insert Name>>** | | | | | | | | | | |
| **J. Performance Review.** *Competent Supervisor is to review the performance of the Trainee against the requirements. Supervisor shall personally witness the performance of the tasks or personally review the output from the tasks. Supervisor shall include comments that performance was: in accordance with the specific requirements or failed to undertake the tasks satisfactorily. Supervisor may identify subjects where the trainee requires more training/mentoring. The skill is to be assessed for 3 practical work episodes.* | | | | | | | | | | | | |
|  | SOC Skill: Insert Name of Skill from Statement of Competency ENTER TEXT HERE | | | | | | | | | | | |
|  | **Third Work Episode Details**: Details of the third work episode is to be recorded here, including date and location and details of the task. ENTER TEXT HERE | | | | | | | | | | | |
|  | **Detail below the requirements to be assessed and Supervisor comments on the performance.** | | | | | | | | | | | |
| 1 | Requirement to be assessed ENTER TEXT HERE  Supervisor Comment on Performance ENTER TEXT HERE | | | | | | | | | | | |
| 2 | Requirement to be assessed ENTER TEXT HERE  Supervisor Comment on Performance ENTER TEXT HERE | | | | | | | | | | | |
| 3 | Requirement to be assessed ENTER TEXT HERE  Supervisor Comment on Performance ENTER TEXT HERE | | | | | | | | | | | |
| 4 | Requirement to be assessed ENTER TEXT HERE  Supervisor Comment on Performance ENTER TEXT HERE | | | | | | | | | | | |
| 5 | Requirement to be assessed ENTER TEXT HERE  Supervisor Comment on Performance ENTER TEXT HERE | | | | | | | | | | | |
| 6 | Requirement to be assessed ENTER TEXT HERE  Supervisor Comment on Performance ENTER TEXT HERE | | | | | | | | | | | |
|  | Supervisor Assessment. The person has demonstrated | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **K. Supervisor Declaration** | | | | | | | | | | | | |
| **I Declare that I have undertaken the review of the performance of the candidate and confirm:**   * **Comments above are a true and fair assessment of the performance of the candidate; and** * **I have personally reviewed the performance items above; and** * **The candidate otherwise is fit and competent to perform in accordance with rated competencies; and** * **There are no other issues that could affect the competency rating of the candidate.** | | | | | | | | | | | | |
| **Supervisor skill title** | | | |  | | | **Supervisor skill level** | | | |  | |
| **Signature:** | | |  | | **Name:** |  | | | Date: | | |  |
|  | | | | | | | | | | | | |
| **Trainee – I accept the Work Based Training Assessment as detailed.** | | | | | | | | | | | | |
| **Signature:** | | |  | | **Name:** |  | | | Date: | | |  |

**Guidance Notes for Work Based Training and its Assessment**

***Non AQF Skill or Competency***

Any of the individual skills on a Statement of Competency that are not covered by an AQF Training unit or an Industry based training course may be assessed to Level 1 following Work Based Training. ESI-20-04 provides more details of these applicable skills. The Competent Supervisor is to agree with the trainee as to what is being assessed and how it is to be assessed.

***Alternate Assessment for Technically Difficult Skills***

Technically difficult subjects covering specific equipment or technology that are not covered by an AQF course require the trainee to attend an industry-based course or a supplier course. In some cases, the trainee may have gained sufficient understanding of the subject, practical proficiency on the tasks and completed Work Based Training. This assessment process may be used for those trainees who have gained the competency prior to 2014 only.

The assessment requirements are determined from the industry or supplier training courses. The trainee has only one opportunity to be assessed for a specific competency by this method. If the trainee fails to be assessed as competent, they shall undertake the course or submit to assessment by the trainer for these courses.

Contact the Manager Signalling Standards for details of requirements for some of these skills.

***Work Based Training***

This generally involves the supervisor firstly demonstrating the performance of the competency or skill. This is then followed by guidance from the supervisor as the trainee undertakes the tasks one or more times. These do not count as part of the assessed work experiences.

***Preparation for Assessment***

When the mentored performance is suitable, the Supervisor will confirm with the trainee if they are ready for assessment. The Supervisor shall clearly indicate to the trainee when the assessment is commencing. This cannot be after the event. The trainee shall then undertake the task(s) independently without guidance from the supervisor.

When all the task activities are completed, the Supervisor will assess whether it was undertaken satisfactorily. The Supervisor shall consider all of the requirements for the skill or competency.

***Recording Assessments***

All Assessments are to be recorded. This includes assessments that are failed and assessments that are only partly successful. The Trainee shall include reference to all such assessments in their Training & Education Record.

Attach to this record any documents produced as part of the assessment.