

Approval to Deliver Form

Vocational Competency Guidelines

The Australian Skills Quality Authority (ASQA) is the regulator for the vocational education and training sector in Australia. All RTOs, and the trainers and assessors who auspice with a RTO, must meet the VET Quality Framework. As such Collarts is responsible for establishing, verifying and monitoring that the teachers at our Education Partners meet these requirements. This is done by compiling an *Approval to Deliver Form* for each teacher with the appropriate supporting documents.

What is vocational competency?

Vocational competency is defined as broad industry knowledge and experience, usually combined with a relevant industry qualification. A person who has vocational competency will be familiar with the content of the vocation and will have relevant current experience in the industry. Vocational competency must be considered on an industry-by-industry basis and with reference to any guidance provided in the relevant Training Package or Accredited Course.

Training Packages or Accredited Courses include advice specific to the industry related to the vocational competencies of trainers and assessors. This may include advice on relevant industry qualifications and experience required for training and assessing against the Training Package or Accredited Course. The Training Package or Accredited Course may also provide specific industry advice outlining what it sees as acceptable forms of evidence to demonstrate the maintenance of currency of vocational competency.

Establishing vocational competence

Collarts **must** establish and verify that all teachers (trainers and assessors) meet nationally agreed competency requirements. *The Approval to Deliver Form* is essentially how the teacher equates their formal and/or informal training and experience to each unit of competency.

How to complete this form:

This *Approval to Deliver Form* captures your qualifications, any informal training and your experience relevant to each unit of competency that you will be delivering.

1. Complete the form answering each question in relation to your qualifications, training and experience **for each unit of competency**.
2. Print your completed form, sign the declaration (Section 5) and collect the following required supporting documentation:
 - a) A copy of your current CV
 - b) Certified copies of the qualifications and transcripts you listed in your form
3. Scan and email your completed form and required documentation to educationpartners@collarts.edu.au with 'Approval to Deliver' in the subject line.

To assist, we have included an example at the end of the document but if you have any questions, please do not hesitate to contact Ben Fitzgerald, VET Compliance Manager on 1300 818 777 or on email bfitzgerald@collarts.edu.au.

All forms can be downloaded from the Trainer Resources tab at <http://vet.collarts.edu.au>

Section 1: Trainer & Assessor Details

Please answer each question in relation to your qualifications, training and experience **for each unit of competency**.

School Council:	
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Trainer & Assessor:		Year of Delivery:	
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Training Qualifications	Qualification Title:	TAE40110 Certificate IV in Training & Assessment
	Awarded By:	
	Date Awarded:	

Other Relevant Qualifications		Qualification 1	Qualification 2	Qualification 3
	Qualification Title:			
	Awarded By:			
	Date Awarded:			

Section 2: Relevant Qualifications & Vocational Experience for Each Unit of Competency

Trainer & Assessor:		Year of Delivery:	
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Unit Code	Title of Unit of Competency	Do you hold this Unit of Competency?	If 'No', list the Elements of the Unit of Competency	If 'No', what equivalent qualification do you hold? Explain the equivalency to the Elements of this Unit of Competency.	If 'No', what is your current vocational experience in this Unit of Competency?

① **Note:** for all Units of Competency held above, a certified copy of the qualifications being used must be submitted with your completed form

Section 2: Relevant Qualifications & Vocational Experience for Each Unit of Competency (contd)

Trainer & Assessor:		Year of Delivery:	
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Unit Code	Title of Unit of Competency	Do you hold this Unit of Competency?	If 'No', list the Elements of the Unit of Competency	If 'No', what equivalent qualification do you hold? Explain the equivalency to the Elements of this Unit of Competency.	If 'No', what is your current vocational experience in this Unit of Competency?

ⓘ **Note:** for all Units of Competency held above, a certified copy of the qualifications being used must be submitted with your completed form

Section 2: Relevant Qualifications & Vocational Experience for Each Unit of Competency (contd)

Trainer & Assessor:		Year of Delivery:	
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Unit Code	Title of Unit of Competency	Do you hold this Unit of Competency?	If 'No', list the Elements of the Unit of Competency	If 'No', what equivalent qualification do you hold? Explain the equivalency to the Elements of this Unit of Competency.	If 'No', what is your current vocational experience in this Unit of Competency?

ⓘ Note: for all Units of Competency held above, a certified copy of the qualifications being used must be submitted with your completed form

Section 2: Relevant Qualifications & Vocational Experience for Each Unit of Competency (contd)

Trainer & Assessor:		Year of Delivery:	
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Unit Code	Title of Unit of Competency	Do you hold this Unit of Competency?	If 'No', list the Elements of the Unit of Competency	If 'No', what equivalent qualification do you hold? Explain the equivalency to the Elements of this Unit of Competency.	If 'No', what is your current vocational experience in this Unit of Competency?

① **Note:** for all Units of Competency held above, a certified copy of the qualifications being used must be submitted with your completed form

Section 3: Work Experience

Trainer & Assessor:		Year of Delivery:	
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	Current Position	Past Position 1	Past Position 2	Past Position 3
Title:				
Employer:				
Dates:				
Key Responsibilities:				


Section 4: Professional Memberships

Trainer & Assessor:	Year of Delivery:
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	Membership 1	Membership 2	Membership 3
Name:			
Level:			
Date Commenced:			
Current:			

Section 5: Declaration

Trainer Declaration

All required information is included. I understand that false or misleading information is a serious offence.		
Signature of Trainer: 	Print Name:	Date Signed (dd/mm/yyyy):



Sample: Relevant Qualifications & Vocational Experience for Each Unit of Competency

Unit Code	Title of Unit of Competency	Do you hold this Unit of Competency?	If 'No', list the Elements of the Unit of Competency	If 'No', what equivalent qualification do you hold? Explain the equivalency to the Elements of this Unit of Competency.	If 'No', what is your current vocational experience in this Unit of Competency?
CUASOU202	Perform basic sound editing	No	Prepare for editing sound Assemble sequences for editing Edit sound sequences Finalise sound edits	I completed the CUS40209 Certificate IV in Sound Production in 2013, which demonstrates competence above this AQF2 unit.	I have recorded, edited and mixed many demos for XYZ band, from 2009-2014 I participated in the Advanced Pro Tools Professional Development session in August 2013.
CUASOU308	Install and disassemble audio equipment	Yes	-	-	-
CUSMPF302	Prepare for performances	No	Clarify performance requirements and develop own performance pieces. Practise instrument and/or voice Observe work health and safety (WHS) principles in private practice, rehearsals and performance Implement strategies to overcome the effects of performance anxiety		I have performed regularly with XYZ band from 2009-2014. We have scheduled rehearsals leading up to each of these performances. I am also the Head of music for ABC school. As part of this role I am responsible for overseeing all student concerts and ensuring that OHS, management of performance anxiety and personal practices are conducted effectively to meet the requirements of school based performances.

📌 Collarts Use Only:

Approval to Deliver

School Council:	
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Trainer & Assessor:		Year of Delivery:	
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<input type="checkbox"/> Approved Program Leader Notes (if applicable):	<input type="checkbox"/> Not Approved Program Leader Recommendations:
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<input type="checkbox"/> Date Approved :	<input type="checkbox"/> Date Denied :
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<input type="checkbox"/> 'Approval to Deliver Notification' sent to the Teacher and the School	<input type="checkbox"/> Date Sent:	<input type="checkbox"/> Written 'Notification of Recommendations' sent to School	<input type="checkbox"/> Date Sent:
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<input type="checkbox"/> Scanned and Saved to File	<input type="checkbox"/> Date Saved:	<input type="checkbox"/> Scanned and Saved to File	<input type="checkbox"/> Date Saved :
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Any Comments:	Any Comments:
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 Signature on behalf of Collarts:	Print Name:	Date Signed (dd/mm/yyyy):
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