

Facilities and Equipment Checklist

Qualification:	CHC24015 Certificate II in Active Volunteering (Release 2)		
School:			
Reviewed by:		Date:	
Qualification Description <i>This qualification reflects the role of entry level community services workers who support individuals through the provision of person-centred services. Work may include day-to-day support of individuals in community settings or support the implementation of specific community-based programs.</i> <i>At this level, work takes place under the direction of others and supervision may be direct or indirect. Work may take place in a range of community services organisations.</i>			

Instructions

Review and select the units being undertaken in this qualification.

Note:

- If an alternative unit is selected that has not been listed, please contact Ripponlea Institute.
- Teachers and students must have access to digital devices for the purposes of capturing photographic or video evidence. This may be students' personal devices according to relevant school policy, or provided by the school.

Tick all relevant units being delivered:	Units	
Core Units		
<input checked="" type="checkbox"/>	CHCCCS016	Respond to client needs
<input checked="" type="checkbox"/>	CHCCOM005	Communicate and work in health or community services
<input checked="" type="checkbox"/>	CHCDIV001	Work with diverse people
<input checked="" type="checkbox"/>	HLTWHS002	Follow safe work practices for direct client care
<input checked="" type="checkbox"/>	HLTWHS006	Manage personal stressors in the work environment
Elective Units (tick all that apply)		
<input type="checkbox"/>	CHCDIV002	Promote Aboriginal and/or Torres Strait Islander cultural safety
<input type="checkbox"/>	CHCCDE003	Work within a community development framework
<input type="checkbox"/>	CHCCDE004	Implement participation and engagement strategies
<input type="checkbox"/>	CHCCOM001	Provide first point of contact
<input type="checkbox"/>	CHCVOL001	Be an effective volunteer
<input type="checkbox"/>	HLTAID003	Provide first aid
<input type="checkbox"/>	CHCGRP001	Support group activities
<input type="checkbox"/>	BSBPEF202	Plan and apply time management

Instructions

Review the equipment requirements for the qualification. Notes on equipment in place can be included in the Notes/Details column Where possible photos should be taken to be submitted with this checklist.

- Table 1: All items in Table 1 must be checked as available
- Table 2: Please provide information related to all elective units being delivered.

Resources unavailable:

Where the resources do not meet all the assessment conditions listed in the checklist, please note the Action Plan in place for how the requirement will be addressed. (i.e., request to alter elective units in training, arrange for students to be trained and assessed at another facility for all or part of training, equipment being ordered, installation pending etc.)

If appropriate arrangements are not able to be made, please contact the Quality and Compliance Team at Ripponlea Institute on Ph 03 8731 7409 or info@riptonleainstitute.com

Table 1: Equipment/Resources required for *all* units in this qualification:

Please ensure that all items listed below are available at your school in order to deliver this qualification.

Equipment requirements	Notes/Action Plan	Ripponlea Institute Office Use Verified
<p><EXAMPLE> <i>Safety procedures including but are not limited to, one or more of:</i></p> <ul style="list-style-type: none"><input type="checkbox"/> PPE<input type="checkbox"/> Handling, labelling and storing hazardous material and equipment in accordance with labels, MSDS, manufacturer instructions and workplace procedures and regulations, emergency response procedures<input type="checkbox"/> Cleaning and/or decontamination of equipment<input type="checkbox"/> machinery guards<input checked="" type="checkbox"/> signage, barriers, service isolation tags, traffic control and flashing lights, lockout and tag-out procedures	<p><EXAMPLE> <i>Isolation tags on order. No flashing lights installed in school lab,, when required we will simulate these with borrowed equipment from production</i></p>	<p><EXAMPLE> <i><e.g. photo> <e.g. sighted></i></p>
<p>Safety equipment:</p> <ul style="list-style-type: none"><input type="checkbox"/> First aid kit and evacuation plans, safety signage<input type="checkbox"/> PPE		

Equipment requirements	Notes/Action Plan	Ripponlea Institute Office Use Verified
<input type="checkbox"/> Access to a reliable internet connection and a computer/workstation and research resources <input type="checkbox"/> Office equipment: pens, notebooks etc. <input type="checkbox"/> Communication equipment <input type="checkbox"/> Workplace furniture for safe ergonomics		
Access to documentation, procedures and specifications: <input type="checkbox"/> Workplace instructions relating to safe work practices and addressing hazards and emergencies <input type="checkbox"/> Appropriate State safety regulations and resources <input type="checkbox"/> Relevant workplace induction procedures and equipment manuals, workplace instructions <input type="checkbox"/> Organisational policies and procedures		

Table 2: Equipment/Resources required for *individual* units in this qualification:

The units listed below are only units that require additional resources that are not covered in the Table 1 above.

Unit Code and Title	Equipment requirements	Notes/Action Plan	Ripponlea Institute Office Use Verified
Elective Units			
HLTAID003 Provide first aid	<p>Additional resources must include:</p> <ul style="list-style-type: none"><input type="checkbox"/> adult and infant resuscitation manikins in line with ARC Guidelines for the purpose of assessment of CPR procedures<input type="checkbox"/> adrenaline auto-injector training device<input type="checkbox"/> AED training device<input type="checkbox"/> placebo bronchodilator and spacer device<input type="checkbox"/> roller bandages<input type="checkbox"/> triangular bandages<input type="checkbox"/> workplace First Aid kit<input type="checkbox"/> workplace injury, trauma and/or illness record, or other appropriate<input type="checkbox"/> workplace incident report form for written reports<input type="checkbox"/> wound dressings		

SCHOOL DECLARATION

I confirm that we have all the equipment and facilities required to deliver our chosen units of competency for this qualification.

☐ YES ☐ NO

Trainer name:	
Trainer signature:	
Date:	

RTO APPROVAL SIGN OFF

After reviewing the checklist for each unit being delivered, the school has the required facilities and equipment to assess the units chosen?

☐ YES ☐ NO*

<i>*If no, actions to be taken:</i>	
Name:	
Signature:	
Date:	