

Scouts Australia Institute of Training

(SAIT) – RTO 5443

*RPL Assessment Tool Kit*

*CHC24015*

*Certificate II in Active Volunteering*

|  |  |
| --- | --- |
| Candidate’s Name |  |
| Assessor’s Name |  |

Issued by Scouts Australia Institute of Training (SAIT)

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Scouts Australia Institute of Training (SAIT) - Registered Training Organisation No 5443.

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# Recognition of Prior Learning (RPL) Assessment Tool Kit

This RPL Assessment Tool Kit has been developed by the Scouts Australia Institute of Training (SAIT) in consultation with industry, as a resource to assist Candidates seeking RPL and for RPL Assessors, by providing a set of assessment instruments which can be used to conduct whole and part of qualification RPL. This information can be utilised by both Assessor and Candidate.

This assessment kit has been validated by the SAIT to ensure it meets the required Standards for Registered Training Organisations (RTOs), relevant Training Package requirements and Registered Training Organisation (RTO) policies.

**Qualification description**

This qualification reflects the role of entry level volunteer workers. At this level, work takes place under direct, regular supervision within clearly defined guidelines. This qualification may be used as a pathway for workforce entry. Organisations may require volunteers to undergo relevant background checks. To achieve this qualification, the candidate must have completed at least 20 hours of volunteer work as detailed in the Assessment Requirements of units of competency.

Therefore, Scouting has identified that this qualification may relate to your role in Scouting.

This qualification is focussed on Youth members.

# How to use this Tool Kit

This kit is divided into sections as follows:

**SECTION A – Overview of Units of Competency**

**SECTION B – Candidate Self-Evaluation**

To have skills formally recognised in the national system, Assessors must make sure that the Candidate has the skills and knowledge to meet industry standards. This section provides a self-evaluation checklist which asks the Candidate to reflect on their performance in the workplace.

**SECTION C – Professional Competency Conversation**

In this section several questions are posed that relate to the elements of competency for each Unit of Competency. This will form the basis for the Candidate’s conversation with the Assessor. The Candidate should take time to prepare to answer questions, provide evidence and discuss these with the Assessor. The Candidates responses will be recorded as evidence of their competence.

**SECTION D – Third Party (Referee) Verification**

This section provides an example template that may be used by the Candidate’s referees to validate the Candidates skills and experience in this qualification. The referee may fill out the appropriate form and return it to the Assessor.

**SECTION E – Assessment Instruments and Assessor’s Assessment**

The Assessment Instruments provides a guide to the evidence required to support the Candidate’s claim for RPL.

The Assessment Instruments and Assessment Summary to be completed by the Assessor and uploaded onto aXcelerate.

**Assessors please note:**

**The Assessor is required to upload into aXcelerate the completed RPL Tool Kit, Third Party Report, documentary evidence provided by the Candidate, Assessment Instruments and the Assessment Summary.**

# SECTION A - Overview of Units of Competency

This RPL Assessment Tool Kit contains four (4) units of competency.

|  |  |
| --- | --- |
| **Unit Code** | **Title** |
| **CORE** | |
| CHCDIV001 | Work with diverse people |
| CHCVOL001 | Be an effective volunteer |
| HLTWHS001 | Participate in work health and safety |
| BSBCMM201 | Communicate in the workplace |

Details of each unit of competency can be found at <https://training.gov.au/>

**Packaging Rules**

The Packaging Rules for this qualification are that ten (10) units of competency must be completed as follows:

* 4 core units plus
* 3 elective units, consisting of:
* up to 3 units from the electives listed below, any endorsed Training Packages or accredited course, these units must be relevant to the work outcome

The selection of electives must be guided by the job outcome sought (i.e., Scouting related).

Elective units

|  |  |
| --- | --- |
| CHCCOM001 | Provide first point of contact |
| CHCCOM005 | Communicate and work in health or community services |
| CHCDIV002 | Promote Aboriginal and/or Torres Strait Islander cultural safety |
| CHCYTH001 | Engage respectfully with young people |
| HLTAID010 | Provide basic emergency life support |
| HLTAID011 | Provide first aid |
| FSKDIG03 | Use digital technology for routine workplace tasks |
| FSKLRG09 | Use strategies to respond to routine workplace problems |
| FSKLRG11 | Use routine strategies for work-related learning |
| FSKNUM14 | Calculate with whole numbers and familiar fractions, decimals and percentages for work |
| FSKOCM07 | Interact effectively with others at work |
| FSKRDG10 | Read and respond to routine workplace information |
| FSKWTG09 | Write routine workplace texts |

# SECTION B - Candidate Self-Evaluation of the Core Units

The purpose of completing the Self-Evaluation Form is to enable Candidates who believe that they already possess the competencies, to assess their skills and knowledge against the qualification.

Complete the following pages and identify your capacity to perform the tasks described. Be honest in your appraisal. By completing this self-evaluation, you will be identifying the areas where you may be able to apply for recognition.

**NB: If this self-evaluation is being used as evidence**, your Scouting Team Leader must evaluate your ability to perform the work tasks. Your Supervisor is also asked to comment on your ability to perform these work tasks and verify this by signing at the completion of this Section.

If this self-evaluation is being used only so that you and your Assessor can decide if you should proceed, then it does not have to be verified.

Identify your level of experience in performing each competency/task by using the following:

* Not well – I do the task but not well.
* Well – I do the task well.
* Very well – I do the task very well.

**See example below:**

| **Competency/Task** | **I have performed these tasks** | | | **Supervisor’s Evaluation** | **Evidence to support claim** | |
| --- | --- | --- | --- | --- | --- | --- |
| **Frequently** | **Never** | **Sometimes** | **Doc No.** | **Documentation provided** (Number and name the document you are providing for easy reference) |
| Using a computer to enter or change work information or data. | ❑ |  | Not Well | Not Well |  |  |
| Using personal protective equipment as appropriate to conduct my work safely and in accordance with site and legal requirements. | Well |  | ❑ | Well | *1* | *Copy of Company Personal Protective Equipment Requirements for my job role and photos using the equipment.* |

| **CORE Competency/Task** | | **I have performed these tasks** | | | **Supervisor’s Evaluation** | | **Evidence to support claim** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Frequently** | **Never** | **Sometimes** | **Doc No.** | | **Documentation provided** (Number and name the document you are providing for easy reference) |
| 1. I have worked with a diverse range of people | |  |  |  |  | |  | |  |
| 1. I am an effective volunteer | |  |  |  |  | |  | |  |
| 1. I have participated in WHS during activities | |  |  |  |  | |  | |  |
| 1. I can communicate in the workplace | |  |  |  |  | |  | |  |
| **Scouting Team Leader’s comments** *(Please provide a comment on the Candidate’s ability to perform the above core work task/s.)* | | | | | | | | | |
| **Scouting Team Leader’s Name** |  | | | | | | | | |
| **Scouting Team Leader’s Signature** |  | | | | | **Date** | |  | |

# SECTION C – Competency/Professional Conversation – Evidence requirements

Candidate’s Instructions

This is a chance for the Assessor to draw out your actual individual experiences and relevant skills during a professional conversation. It is your opportunity to demonstrate competence, while referring to actual scenarios, tasks, and activities you have encountered and performed in the workplace.

Several questions are posed that relate to the elements of competency for each Unit of Competency. To prepare for the conversation with your Assessor, **write some dot point answers to the questions, together with a portfolio of your evidence (examples) that demonstrates your ability**. These will then be discussed in detail with your Assessor. You may draw upon a combination of your Scouting, professional and personal experiences.

Evidence/examples will need to be provided to the Assessor in the form of hard or electronic copy as they need to be assessed and uploaded into aXcelerate. The Assessment Instruments provide a guide to the evidence required to support the Candidate’s claim for RPL.

**Assessor’s Instructions**

This Tool Kit streamlines the RPL assessment process by taking a practical approach to RPL and increasing the use of on-site questioning and discussion. This will assist in developing a ‘picture of the Candidate’s skills and knowledge’. This picture can then be compared with industry standards enabling a determination of whether the Candidate had achieved the required outcomes.

Assessment involves judgement – this tool encourages the use of a professional competency conversation to maximise the Candidate’s opportunities to demonstrate competence. It is important to note however, that the professional conversation will not necessarily always be completed when carrying out RPL Assessment using this kit. It all depends on the level and provision of adequate evidence and as to whether an interview with questions to confirm competency is necessary.

The Performance and Knowledge Evidence is clearly described in the Assessment Requirements for each unit of competency. These are found at ‘training.gov.au’.

Ideally, all steps related to the assessment should be undertaken to provide the best opportunity for the Candidate to substantiate claims for RPL made, and for the Assessor to assess levels of competency appropriately, thus assisting decision making.

The RPL process is an efficient and considered process that does not rely solely on documentary evidence. It uses a combination of questioning, practical assessment and supporting evidence to provide evidence of the Candidate’s competence.

Not all RPL applications are the same and the level of allowance of RPL depends on the evidence provided, as well as the appropriate responses to questions, any practical assessment demonstrated, and any other evidence deemed necessary.

It is not intended that questions are asked for each competency or discussed during the conversation. Only questions related to those competencies that the initial documentary review has failed to fully address are required.

The Assessor may wish to use the key points from the Performance Criteria to formulate questions to suit the Candidate’s particular work situation and presented evidence. Above all, writing and asking your own questions should be seen as a task that will help to clarify and assist making a more appropriate and valid judgement as to competency, as well as being flexible in approach.

These questions will then be discussed in detail during your professional conversation with the Candidate. Candidates may draw upon a combination of their Scouting, professional and personal experiences.

On the following pages, place a tick (✓) in the ‘Yes’ or ‘No’ box next to each Element of Competency as it is addressed by the Candidate during the conversation. By doing this, you are recording what you have heard the Candidate say during the interview.

Use the *Additional notes from conversation* section at the end of each Unit of Competency to provide further details about the context of the discussion or other key points and examples the Candidate has discussed that may be relevant in confirming competency, including responses to any questions.

It is important to remember that the notes taken during the questioning interview are important evidence and should be retained as part of the Candidate’s assessment records. It is recommended that the interview be conducted in the workplace, allowing the Candidate access to documents, equipment etc. to support their statements.

**Professional Conversation – Evidence requirements**

|  |  |  |
| --- | --- | --- |
| **Required evidence that covers all units of competency** | | |
| **Copy of:** | **Uploaded onto aXcelerate by Assessor** | |
| **Yes** | **No (why)** |
| 1. Branch membership profile e.g., from Extranet, My Scout etc |  |  |
| 1. Queen’s Scout Certificate (Venturer Scouts) |  |  |
| 1. Milestone 2 or 3, dependent on evidence (Rover Scouts) |  |  |
| 1. Copy of Third Party (Referee) Verification report against all units of competency |  |  |

|  |  |  |
| --- | --- | --- |
| **Core unit of competency**  **CHCDIV001 Work with diverse people** | | |
| **Unit Descriptor**  This unit describes the skills and knowledge required to work respectfully with people from diverse social and cultural groups and situations, including Aboriginal and/or Torres Strait Islander people. This unit applies to all workers. | | |
|  | **Uploaded onto aXcelerate** | |
| **Yes** | **No (why)** |
| **Example evidence**  An example of how the candidate has promoted diversity in their Scouting role  Evidence of how they have respected the needs of people from diverse social and cultural backgrounds on three (3) different situations   * . * . * . |  |  |

**Additional notes from professional conversation**

|  |  |  |
| --- | --- | --- |
| **Core unit of competency**  **CHCVOL001 Be an effective volunteer** | | |
| **Unit Descriptor**  This unit describes the skills and knowledge required to work effectively as a volunteer in a variety of capacities and contexts. | | |
|  | **Uploaded onto aXcelerate** | |
| **Yes** | **No (why)** |
| **Example evidence**  The Member’s Branch membership profile e.g., from Extranet, My Scout etc should provide sufficient evidence to demonstrate competency in this unit. |  |  |

**Additional notes from professional conversation**

|  |  |  |
| --- | --- | --- |
| **Core unit of competency**  **HLTWHS001 Participate in work health and safety** | | |
| **Unit Descriptor**  This unit describes the skills and knowledge required to implement and monitor work health and safety (WHS) policies, procedures and work practices as part of a small work team. This unit applies to workers who have a key role in maintaining WHS in an organisation, including duty of care for other workers. | | |
|  | **Uploaded onto aXcelerate** | |
| **Yes** | **No (why)** |
| **Example evidence**  Copy of a completed Incident Report AND risk assessment plan that the candidate has developed for a Scouting activity.   * . * . |  |  |

**Additional notes from professional conversation**

|  |  |  |
| --- | --- | --- |
| **Elective unit of competency**  **BSBCMM201 Communicate in the workplace** | | |
| **Unit Descriptor**  This unit describes the skills and knowledge required to communicate in the workplace including gathering, conveying and receiving information and completing routine written correspondence. It applies to individuals who perform a range of routine workplace communication tasks using a limited range of practical skills and fundamental knowledge of effective listening, questioning and non-verbal communication in a defined context under direct supervision or with limited individual responsibility. | | |
|  | **Uploaded onto aXcelerate** | |
| **Yes** | **No (why)** |
| **Example evidence**  Copy of a written report produced by the candidate.   * .   Copy of a form completed by the candidate. |  |  |

**Additional notes from professional conversation**

# SECTION D - Third Party (Referee) Verification Report

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CHC24015 Certificate III in Active Volunteering** | | | | |
| **Candidate’s Name** |  | | | |
| **Referee’s Name**  *(Name of person providing this evidence)* |  | | | |
| **Position/Title** |  | | | |
| **Workplace** |  | | | |
| **Workplace Address** |  | | | |
| **Telephone Numbers** |  | | | |
| **Email Address** |  | | | |
| **This report was completed** | via Interview by Assessor | ❑ | Independently by Referee | ❑ |
| **Interview conducted by**  *(If applicable)* |  | | | |
| **Date of Interview** |  | | | |
| **Instructions** | Part of the assessment for the Candidate requires evidence from a Third Party (employer, supervisor or equivalent). This evidence will be used to validate the Candidate’s skills and experience.  A ‘letter of support’ may be provided from the organisation validating a range of tasks performed by the Candidate over a period is useful in identifying competence. | | | |

#### To Whom It May Concern

Re: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(Insert Candidate’s name)* *(Insert industry/job title).*

I certify that the above-named person has:

worked at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for a period of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Insert name of workplace) (Insert length of time*).

I have read the Candidates responses to the questions and confirm that they have regularly demonstrated, knowledge, skills, and attitudes to an acceptable workplace standard against the Core and selected Elective Units of Competency within this organisation.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| I understand the evidence/tasks the Candidate has performed on which I am required to comment. | ❑ | ❑ |
| I am willing to be contacted if further verification of my statements is required. | ❑ | ❑ |

If you would like further information or would like to discuss any of the above, I can be contacted on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert phone number).*

Yours sincerely

Name (please PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# SECTION E – Assessor’s Summary

**Third Party (Referee) Verification Report**

It is recommended that the Assessor verify the Third-Party Report (Section D) with the person who completes the form to confirm the Candidate’s skills in different contexts over time. This Report must be uploaded into aXcelerate.

**Candidate’s evidence**

Section C offers guidance to the Candidate as to what Performance evidence could be provided to support their claim for RPL. The Candidate should be encouraged to provide any other evidence to the Assessor. If Candidates do not have all this evidence, they are not excluded from applying for recognition and should discuss options with the Assessor. All supporting evidence must be uploaded into aXcelerate.

**Assessment Summary**

The Assessor is to complete the Assessment Summary as a means of recording the Assessors decisions and ensuring that all the ‘Evidence Requirements’ from training.gov.au are collected from the Candidate. This Assessment Summary must be uploaded into aXcelerate.

|  |  |
| --- | --- |
|  | Scouts Australia Institute of Training  RTO 5443  Assessment Summary  CHC24015 Certificate III in Active Volunteering |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Candidate’s Name:** | | |  | | | | | | | | | |
| **Unit/s of Competency Assessed** | | | | | | | | | | **C or NYC** | | |
| **Core Units** | | | | | | | | | | | | |
| CHCDIV001 | | Work with diverse people | | | | | | | |  | | |
| CHCVOL001 | | Be an effective volunteer | | | | | | | |  | | |
| HLTWHS001 | | Participate in work health and safety | | | | | | | |  | | |
| BSBCMM201 | | Communicate in the workplace | | | | | | | |  | | |
| **Evidence used to assess the Candidate’s ability** (Please indicate) | | | | | | | | | | | | |
| CV (Work history) | | | |  | Unit/s specific Recognition Tool | | | | | | |  |
| Logbook of Experience | | | |  | Questioning / Professional Discussion | | | | | | |  |
| Photographs and/or Video | | | |  | Organisation Program / Activity Planning | | | | | | |  |
| Scenarios / Simulations | | | |  | Demonstration on the Job | | | | | | |  |
| Employer / Co-leader Testimonial | | | |  | Client Feedback / Evaluation Forms | | | | | | |  |
| Position description / Review | | | |  | Forms (development and/or implementation of) | | | | | | |  |
| Peer Discussion/ Evaluation | | | |  | Organisational Operating Procedures (Development and/or Implementation of) | | | | | | |  |
| Qualification(s) (retain in aXcelerate) | | | |  |  |
| Other (Provide details): | | | | | | | | | | | | |
| **Subject Matter Experts (SME)** | | | | | | | | **Organisation** | | | | |
| **SME** |  | | | | | | |  | | | | |
| **SME** |  | | | | | | |  | | | | |
| **Assessors Comments:** | | | | | | | | | | | | |
|  | **Lead Assessor** | | | | | **Moderating Assessor** (if applicable) | | | | | | |
| **Name:** |  | | | | |  | | | | | | |
| **Date:** |  | | | | |  | | | | | | |
| **Assessor No.** |  | | | | |  | | | | | | |
| **Signature:** |  | | | | |  | | | | | | |
| **If assessment result is Not Yet Competent (NYC), the Candidate has been provided with:** | | | | | | | | | | | | |
| Information about additional assessments or evidence requirements | | | | | | | | | | |  | |
| Learning pathways they could access to gain further skills and knowledge | | | | | | | | | | |  | |
| **Candidate’s Statement of Acceptance for Not Yet Competent Outcome** | | | | | | | | | | | | |
| I accept the assessment decision and agree that the process was valid and fair. | | | | | | | | | | |  | |
| **OR** I wish to appeal the assessment decision. | | | | | | | | | | |  | |
| **Candidate’s Signature:** |  | | | | | | **Date:** | |  | | | |