

'Catch Up' Questionnaire for School Based Apprentices and Trainees

It is anticipated that students' school based apprenticeships or traineeships will usually progress smoothly. However, this may not always be the case and therefore the following questions need to be asked of each student to ensure safety and well being.

The form should be completed initially during the first four weeks of the school based apprenticeship or traineeship and subsequently once each term.

This 'catch up' session should be done by the school and complements the monitoring activities undertaken by the State Training Services office.

Student's name: _____ TCID Number: _____

School: _____ Year: _____ Industry-based Learning: Yes No

Employer: _____ RTO: _____

Local STC contact: and phone no: _____

Date of 'catch up session': ____/____/____

Student must show their Record of Attendance at Work book during each Catch-up Session.

<input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', advise STC	Date action taken ____/____/____	Has the employer provided you with an induction to the workplace that includes safety matters?
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', advise STC	Date action taken ____/____/____	Has your employer provided you with a workplace supervisor or support person?
<input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Not very often If 'Not very often', advise STC	Date action taken ____/____/____	Are you being supervised at the workplace by appropriately skilled person/s?
<input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', advise STC	Date action taken ____/____/____	If you are undertaking any higher risk activities that require personal protective equipment (PPE), has appropriate PPE and training in its use been provided to you?
<input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', advise STC	Date action taken ____/____/____	If you use plant or vehicles, have you been provided with sufficient instruction and training to feel confident when using the equipment?
<input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', advise STC	Date action taken ____/____/____	If you handle or are exposed to high risk substances or products, have you been provided with training in the use/handling of the substance/product before contact or exposure?
<input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', advise STC	Date action taken ____/____/____	If you identified that you have particular needs in your Application for a School Based Apprenticeship or Traineeship, do you think those needs are being supported at the workplace?

<input type="checkbox"/> Yes <input type="checkbox"/> No Date action taken ____/____/____ <input type="checkbox"/> Yes <input type="checkbox"/> No Date action taken ____/____/____ if 'Yes', advise STC If 'Yes', this is a potential child protection matter and the Principal must be advised and relevant DET procedures implemented	Have you experienced any of the following problems at the workplace or RTO premises: <ul style="list-style-type: none"> • physical, verbal or psychological harassment or bullying • sexual misconduct directed at or involving you
<input type="checkbox"/> Yes <input type="checkbox"/> No Date action taken ____/____/____ If 'No', advise STC	Do you feel safe at the workplace all the time? please detail <hr/> <hr/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Date action taken ____/____/____ If 'Yes', discuss with your RVEC what additional support can be arranged	Are you finding it hard to balance your employment formal training (eg, assessment tasks) and school HSC commitments (eg school timetable)? If 'Yes', what is the main problem: <input type="checkbox"/> your employment <input type="checkbox"/> your training with the RTO <input type="checkbox"/> completion of your Industry-based Learning journal/log <input type="checkbox"/> your school HSC commitments
<input type="checkbox"/> Yes <input type="checkbox"/> No Date action taken ____/____/____ if yes advise STC	Have you suffered any injuries during the apprenticeship or traineeship? If 'Yes': <ul style="list-style-type: none"> • where did it occur _____ • what was the injury _____ • did you report the injury to anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No who did you report it to and what did they do? _____ <hr/> <ul style="list-style-type: none"> • are you OK now? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No Date action taken ____/____/____ If 'Yes', you may need to complete an Incident Report and forward to Vocational Education in Schools Directorate	Do you have any other concerns/problems? If 'Yes', what are they? <hr/>

Office Use Only:

Name and position of member of teaching staff conducting interview and completing checklist:

Additional comments: _____

Next action to be taken by staff member: _____

Next action to be taken by student: _____

Next 'catch up' session scheduled for: _____

Note: This original form is to be retained on student's file.