

Work Placement Quality Assurance checklist at the end of WP

This checklist serves as a guiding tool to ensure that the practical placements are managed in a manner which benefits the student and minimizes risk to the student, Host Employer and IQY Technical College

Additionally, during the review process, this checklist serves as a tool for continuous improvement actions required in arrangement and monitoring of the student work placement. The checklist also acts as a final record of approval by the Chief Executive Officer. The Head of VET is responsible for taking all necessary steps to address the items in this checklist.

Work Placement for: <i>(select as required)</i>	<input type="checkbox"/>		
Short description:	Qualification Code & Title	Service Periods	Required Hours
Agreed Hours of Work:			
Description of Placement:			
Reviewer:			
Date:			

Note: Please complete all sections below. Add comments if there are specific instructions to provide comments.

Work Placement Feedback after the completion of work placement			
	Questions	Response	Comments
1.	Did the work placement host employer nominated by IQY Institute assist in successfully completing the work placement for the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Work Placement Quality Assurance checklist at the end of WP

	Did the student gain skills and knowledge of technical and organisational skills as required by a xxxx industry?		
3.	Did the student successfully complete the workplace assessment which required the student to plan for, prepare, cook and serve menu for at least 48 service periods in the xxxx	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6.	How many times did the assessor attend the workplace to monitor the student and seek feedback from workplace supervisors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7.	Did the student feel prepared and supported for their work placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8.	Did the student have access to all the necessary resources and equipment to perform tasks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9.	Was the range of tasks available within the workplace consistent with the unit of competency requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
10.	Would the student recommend this work placement location for other students?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
11.	Can the student offer any opportunities for improvement for how the work placement arrangement was organised and conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
12.	Have all the records relating to the work placement been retained and secured?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Work Placement Quality Assurance checklist at the end of WP

If you have answered "No" for any of the items in this table, kindly explain in the space below.

You can clarify your "No" response by indicating if the item is not applicable or not necessary, or if it requires further actions and improvements, and so forth. If all responses are "Yes", you may leave this space blank.

Outcome

If you have identified any necessary improvements, please explain in the space below.

You may leave this space blank if you have no further comments.

Reviewer Name:			
Signature:		Date:	
CEO Name: (Approval)			
Signature:		Date:	