

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 Training Services NSW.

Student's Name: _____ TCID _____

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

Employer _____ RTO _____

Local Training Services NSW Contact _____ Phone _____

Date of catch up session ____/____/____

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

Yes <input type="checkbox"/> No <input type="checkbox"/>	Date action taken ____/____/____	Has your employer provided you with an induction to the workplace that includes safety matters?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Date action taken ____/____/____	Has your employer provided you with a workplace supervisor or support person?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Date action taken ____/____/____	Are you being <u>regularly and consistently</u> supervised at the workplace by appropriately skilled person/s?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Date action taken ____/____/____	If you are undertaking any higher risk activities that require personal protective equipment (PPE), has the appropriate PPE and training in its use been provided to you? –
Yes <input type="checkbox"/> No <input type="checkbox"/>	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?
Yes <input type="checkbox"/> No <input type="checkbox"/>	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?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Date action taken ____/____/____	If you have identified that you have particular needs in your notification for a School-Based Apprenticeship or Traineeship, do you think those needs are being supported at the workplace?

If you answered "No" to any of the above questions, please notify Training Services NSW

Yes <input type="checkbox"/> No <input type="checkbox"/>	Date action taken ____/____/____	Have you experience physical, verbal or psychological harassment or bullying in the workplace or RTO premises?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Date action taken ____/____/____	Have you experienced sexual misconduct directed at or involving you in the workplace or RTO premises?
<p>If you answered 'Yes' to any of the above, please advise Training Services NSW.</p> <p>Additionally, this is a potential child protection matter and the Principal must be advised and relevant DoE procedures implemented</p>		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Date action taken ____/____/____	Do you feel safe at the workplace at all times? If no, please provide detail and notify Training Services NSW.
Yes <input type="checkbox"/> No <input type="checkbox"/>	Date action taken ____/____/____	Are you finding it difficult to balance your employment, formal training (eg, assessment tasks), and school HSC commitments (eg school timetable)? – If yes, please discuss with your Senior Pathways Team to ascertain what additional support can be arranged.
Yes <input type="checkbox"/> No <input type="checkbox"/>	Date action taken ____/____/____	Have you suffered any injuries during the apprenticeship or traineeship? If yes, please provide detail:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Date action taken ____/____/____	If you answered yes to the above, was the injury reported to anyone?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Date action taken ____/____/____	Are you OK now?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Date action taken ____/____/____	Do you have any other concerns or issues that you would like to raise? If yes, you may wish to complete an Incident Report or detail below:

Office Use Only.

Name of person conducting interview and checklist	
Position of person conducting interview and checklist	
Next action to be taken by staff member	
Next action to be taken by student	
Next catch up session scheduled for	
Additional comments	

Note

- The original form is to be retained on the student's file at their school.