



POLICY 8

Compliance

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Policy Number: 8

Policy Name: Compliance

Purpose:

This policy outlines the business practices required for compliance with regulatory bodies.

Scope:

The policy applies to all Staff.

Relationship with AQTF Standards and Conditions & Current Funding Contract:

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Relevant Records/Documents

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Procedures

8.1 Compliance and Audits – Internal/External, Quality Control/Risk Management

- Compliance is operating all aspects of the Centre to/within the standards, guidelines and regulations set out by our registering body, the VRQA as well as all other regulatory bodies. Staff are required to fully assist in any Audit undertaken at the Centre, and all records be made available as required.
- Compliance is across the three main areas of the Centres business:
 - Training and Assessment
 - Client services
 - Management and Administration
- Compliance should be part of the Centres business practice rather than attended to only at Audit.
- Compliance is closely linked to Continuous Improvement throughout the Centre – by maintaining compliance we continually improve.
- Compliance Audits are conducted by the VRQA every 5 years. These Audits are conducted to ensure Centre operations are compliant with the Standards and Conditions of registration, which are presented at the start of this document.
 - Issues of non-compliance are outlined in the Audit report, and the Centre is given a period of time to rectify these.
 - An Audit report is issued after the Audit, and this must be placed on the Centre’s website.
 - Another compliance Audit is the annual internal Audit that is conducted by Centre Staff for compliance with the annual DPCD funding contract.
- Compliance Audit reports from the previous regulator Audit should be placed on the Centres website. This is the responsibility of the Coordinator and the Manager.
- The financial Audit is conducted annually by registered accountants.

Internal/External Audits

- Internal Audits are conducted annually or as required. Risk Management Audits are undertaken as required and contract Audits are taken at the beginning of each contracted year.
- The Manager will conduct an annual internal Audit as set out by Victorian Government funding body. This Audit will show compliance gaps if any, and therefore quality Management gaps.
- Compliance and noncompliance will be documented. This Audit should be conducted annually using the [current year] Victorian Training Guarantee Service Agreement (to be completed by June of current year), and as required using the Centres own Risk assessment documents.
- Where a Victorian Training Guarantee service agreement Audit is required, this is to be filled out on the form supplied, signed and saved, ready to be provided if requested.
- Corrective actions or investigations determined through Audit will be relayed to the Committee at each relevant meeting. Actions will then be determined or sanctioned.
- Actions should be completed within a 3-month time frame. These should then be reviewed to ensure noncompliance has been rectified. A follow-up Audit may be required.
- Audits should also take into account notifications and changes presented by the Department from time to time to ensure the Centre remains compliant in view of these.
- Where necessary, an independent consultant may be required to assist in Auditing. This may also be necessary where an external Audit is imminent.

External Audits: Victorian Government

- Quality and contract compliance VRQA Audits are conducted on all/selected RTO’s who are funded by Victorian Government. This is to assist RTO’s to maintain quality VET training in Victoria. These are usually conducted every 5 years.
- The Government Audit objectives are:
 - confirm correct use of funding
 - ensure compliance with requirements of funding agreement
 - identify opportunities for improvement in business processes
- RTO must have evidence ready for Audit, and assist the Auditor by providing all required information upon request

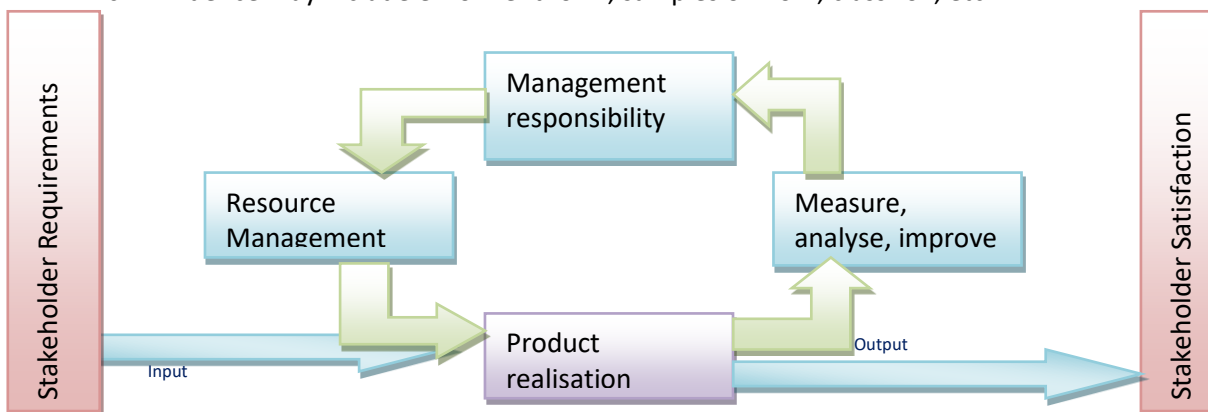
- Evidence may include:
 - student enrolment
 - training plans
 - training delivery
 - reporting
- Areas for improvement (non-compliance) may be identified by the Audit, and an improvement plan written for Committee. This must be followed up within a given timeframe by and agreed Management plan. This is to be overseen by the Manager, however all Staff and Committee should be informed and involved in the process.
- Once areas of non-compliance are rectified, the Management action plan should undergo a regular review process to ensure the issues are not repeated.
- Rectifications should be reported to the Audit body within 6 months of the original Audit report.
- Rectifying non-compliance should be seen as a priority by all Staff and Committee.
- The Audit Report resulting from the latest Audit must be made available to any who wish to see it on the Centre website and/or a copy available at reception.

Improvement/Rectification Plan

- Items of non-compliance outlined in an external or internal Audit will need to be rectified. The best way to outline this is through a rectification or improvement plan.
- Formal Audits give an allotted amount of time to complete the items in a plan, usually about 6 months.
- All Staff members and Committee should be aware of and assist in the completion of the items in the rectification plan.
- Information regarding rectification of non-compliance may need to be sent to the Audit authority, and a follow-up Audit may be required.
- Rectifying items of non-compliance should be of prime importance for all Staff as good compliance systems are the basis for sound Management across Centre operations.
- Examples of rectification plans usually form part of the Audit report.
- Reviewing previous Audit reports and rectification plans should form part of every current rectification plan.

External Audits: ACFE 'Invalid Enrolment' Audit

- ACFE will commission and run an 'invalid enrolment Audit' annually.
- This Audit selects students at random to check their enrolment process
 - Evidence may include enrolment form; samples of work; class roll; etc.



Continual improvement of quality Management system diagram

Quality control

- The Management of BCAL have made a commitment to the provision of a quality Management system in accordance with the principles and guidelines set down in ISO900.
- The Centre is committed to:
 - Providing the highest quality of customer service which recognises and fulfils the needs of clients.
 - Student and stakeholder satisfaction surveys are conducted to identify areas for continuous improvement (see *'Training delivery: Student and stakeholder surveys'* policy).
 - Encourages Staff to strive for excellence through the continual development of their professional and technical skills.
 - Optimizing the utilisation of all available resources to achieve the Centre's objectives.
 - Management works to continually monitor the systems in place in the Centre to ensure that Risks to the Centre are identified early, acted upon and minimised. This is achieved through the Continuous Improvement process (see *Control and Management: 'Continuous Improvement'* policy).
 - The Centre maintains a complex Risk Management plan including annual internal Audits for Government requirements, general safety, governance, etc. This plan is reviewed as required.
 - Audits are conducted along ATQF guidelines and examine the Centre's compliance with all ATQF requirements.
 - The Audit report is presented to Committee with prioritised recommendations for action.
 - To ensure continuous improvement, Committee will act in a timely manner on the results of the Audit and all complaints, comments, OH&S, RTO issues and all other matters arising during the course of each year.
 - Committee shall be mindful when preparing budgets that action may have to be taken on any quality issues as they arise.
 - Whilst the Centre remains welcoming to visitors, persons entering the Centre do so at their own Risk. The Centre holds full insurances.
 - Inappropriate behaviours resulting in an accident will remain the responsibility of the person, not BCAL. Inadequate clothing or footwear, acting in a dangerous manner, handling dangerous items etc. are examples of inappropriate behaviours.

Risk Management

- Managing Risk is of high importance to ensure the Centre sustains real growth, manages fluctuations and maintains confidence by stakeholders. Quality control, OH&S and Continuous improvement are all part of the Risk Management process.
- The Centre maintains a complex Risk Management process/procedure – including comprehensive internal Audit – for:
 - general safety/environment/OHS
 - office procedures OHS
 - registering body (VRQA/AQTF)
 - funding body internal Audit
 - general review
- This plan is reviewed as required. Risks and their potential impact are identified during this process.
- All aspects of Centre operations are included in the process, including training delivery. All Staff members and stakeholders are encouraged to participate in the process.
- Risks are prioritised when identified. Resources are budgeted to correct identified Risks within given time frames. Risks are monitored and reviewed as necessary.
- The Centre holds all relevant insurances for the protection of persons and property throughout its registration.
- The Centre complies with all relevant state and/or commonwealth legislation with regard the Risk Management process, such as the Commonwealth Work Health Safety Act 2011 and the Victorian Occupational Health and Safety Act 2004.
- Centre operations Risk Management, finances, legal, training delivery etc., are part of the registering body and general review sections.

- Financial reviews are conducted monthly at Committee meetings, quarterly full budget review and annually with the creation of the annual budget.
- Training will be provided where necessary to meet a Risk Management correction.
- Risk Management plans will be relayed to all relevant sections of the Centre/Staff. Staff members will be involved in Risk Management across all operations as relevant.
- Clients and Staff should be made aware of all relevant information/policies/procedures etc. at induction to mitigate potential Risks.

8.2 Continuous Improvement

- To ensure the Centre continually reviews and improves its policies, procedures, training products and services to ensure compliance with required standards, and therefore best practices across all operations. Data is collected from clients, analysed and acted upon where opportunities for improvement arise across all aspects of Centre operations including training & assessment, client services, Management systems, physical environment and Risk Management.
- All persons associated with the Centre share the responsibility for contributing to BCAL continuous improvement.
- Market research is conducted with industry where relevant. This consultation includes assessment strategies best suited to each industry sector. This will include the review and currency of training packages held on scope of registration. Where a training package requires transition, this will be achieved within 12 months of the required time.
- Student surveys are conducted on conclusion of each training year/session. Analysis of this data will be conducted by the Manager, and improvements perceived will be presented to the Committee for implementation scheduling. This will include assessments, practical and written, assessors and assessment materials.
- Staff will provide verbal feedback/suggestions on resources – improvements or new resources. New programs and resources will be reviewed after their first sessional use. Feedback by trainers and students will be reviewed by the Manager.
- Complaints also inform continuous improvement issues.
- Continuous improvement issues, and their corrective actions will be recorded on the continuous improvement form, and presented to Committee meetings for discussion and actions.
- Where actions are taken, Management will need to advise Staff and others in the relevant areas. Actions will be reviewed to ensure they have been implemented and are successful.

Areas subject to continuous improvement:

- Analysis of trainer/assessor and client feedback
- National VET developments – websites searches, forums on VET issues
- Legislation/government updates
- Industry consultation through bulletins, forums, websites
- Review of marketing practices
- Review of policies, procedures, business plan and other Management documents
- Scope of registration
- Internal/self-Audits
- Quality indicators

Where to gather information (stakeholders):

- Quality Indicators: learner satisfaction, employer/stakeholder/industry/community/etc. (source as relevant to issue) satisfaction, completion rates (this data must be presented annually to registering body)
- Staff: monitoring, informal review, moderation etc.
- Students and clients
- Stakeholders and other Centre users/room hire (e.g. U3A etc.)
- Industry and governing/registering bodies such as ACFE, education department, VRQA, AceVic, etc.
- Committee
- Community

- Networks and other providers

How & when to gather data

- Surveys will be conducted at least once a year, at the end of their training and across a broad spectrum of students. Staff and stakeholders are invited to comment as need arises ('Have your say' forms). Other forms of information will be gathered at different times throughout the year.
- Surveys for student, Staff and stakeholders (may include employees or industry if relevant). These surveys can be in any form, but results from these need to be collated and recorded. This report is to be sent by the Manager to VRQA as part of the annual QI reporting, and published in its latest form on the website by the Coordinator.
- Informal comments
- Complaints and appeals
- Internal Audit which may be accompanied by an Audit report (at least annually)
- Staff meetings, performance monitoring, moderation

Action to take on data gathered

- Collate results, prioritise urgency and place on Continuous Improvement forms if relevant. This should be completed in the week prior to monthly Committee meetings as appropriate.
- Present CI forms or issue to Committee for discussion and decisions on actions to be taken.
- All process and decisions need to be minuted.
- Committee to monitor the C.I issue through its life, including review of actions.
- Committee to evaluate at the conclusion of an issue (did the action work?).
- Record the evaluation on the lower part of the C.I form as relevant.
- If the action has not resolved the issue, this process will need to be repeated.

Staff Continuous Improvement Responsibilities

- Staff members of the Centre are a key element of continuous improvement. It is the responsibility of all Staff members to be aware of the Centre's continuous improvement policy, and to contribute to continuous improvement.
- This should be reflected in position descriptions and Staffing manuals/induction documents.
- Please see continuous improvement policy for details.
- As a Registered Training Organisation (RTO) committed to quality delivery and continuous improvement, we would ask that all Staff members be aware and compliant with:
 - All Centre policies and procedures
 - The Victorian Registration & Qualifications Authority (VRQA) standards and guidelines and all that these mean with regard your teaching and assessment
 - Requirements from all industry and registering bodies
 - All relevant training packages and curriculum and their customisation rules
 - Assessment guidelines, requirements including issuing of certificates, documentation, recording and reporting
 - Training and assessment resources

8.3 Legislation

- All Centre operations are regulated by numerous legislatures. These cover areas such as privacy, record keeping, education, discrimination and all areas of Centre operations.
- Victorian Legislation and Parliamentary documents available at www.legislation.vic.gov.au. Commonwealth Legislation available at www.comlaw.gov.au
- All Staff are to be aware of the legislation that affects their areas of operation, including:
 - Audit Act 1994
 - Charter of Human Rights and Responsibilities Act 2006
 - Disability Act 2006
 - Education and Training Reform Act 2006
 - Equal Opportunity Act 2010
 - Freedom of Information Act 1982
 - Information Privacy Act 2000 / Privacy Act 1988 including the 2014 Australian Privacy Principles

- Occupational Health and Safety Act 2004
- Public Records Act 1973
- Superannuation Guarantee (Administration) Amendment Act 2012
- Further Education and Training Act 2013/2014
- Victorian Qualifications Authority Act 2000
- Working with Children Act 2005
- Staff are encouraged to inform Administration if some legislation is out of date or not included but is relevant to their operations.

8.4 Privacy

- Privacy at the Centre operates under Victorian Government privacy legislation (*Public Records Act 1973 & the Information Privacy Act 2000 & Privacy Amendment (Enhancing Privacy Protection) Act 2012*).
- All Staff and students at this Centre are entitled to have their details kept private from general viewing, and only allow persons with written permission or relevant Authorities access to private information. This includes personal details, qualification information, assessment information, appeals, complaints etc.
- Information collected is only that which the Centre and regulatory bodies require, and will be collected by lawful and fair means.
- Persons will be informed why and what the Centre collects, and forms are to include a disclaimer as to their agreement for this use. This must be on the enrolment form, and that form must be signed as agreed by the student.
- All information must be secured against unauthorised access.
- Students may have access to their own records upon request. Others only have access by owner's written permission.
- Clients may raise concerns regarding the information handling and privacy practices of the Centre at any time.
- Information collected from Staff and clients is collected as required to be reported under the Australian Vocational Education and Training Management Information Statistical Standards (AVETMISS) guidelines (available in the Manager's office). This information includes:
 - Name
 - Address
 - Contact details (including telephone)
 - Date of birth
 - Gender
 - Country of birth
 - Language spoken at home & Level of English spoken
 - Disability information
 - Compulsory schooling level information
 - Other qualifications completed
 - Employment status
 - Indigenous status
- This information, once collected, should be kept up to date and accurate. Clients and Staff are encouraged to inform the Centre of any changes to their information.

Use and disclosure

- Once the client has agreed to the collection and disclosure of their information as outlined, this information should not be used for any other purpose without further written permission. The information collected will be used by this Centre to:
 - Establish and maintain client and participant relationships.
 - Provide products and services as required by the client and participant.
 - Administer and manage those products and services.
 - Report to state/territory registering bodies in relation to training services provided.

- Contractors who present courses through the Centre are required to collect information within the bounds of these privacy terms.
- The internet is included in these privacy terms. Data transmitted to Authorities must be done so in a secure and protected manner.

Access to records

- Access to information is controlled at all times.
- Access to a person's own records should be available to them at any time.
- Access by another person to records is only with written permission from the owner of the records.

Breaches in Privacy (guide from Office of Victorian Privacy Commissioner)

- Breaches may happen from time to time due to human error, poor policy/procedure, deliberate act or other reason. Should this occur, the following procedures will need to be observed:
 - Contain the breach and investigate. The person investigating must be from Senior Management. Investigations should be fully documented including: Date of incident, brief description, when and how was it discovered, location of incident and cause of incident.
 - Contact the persons who need to be made aware of the breach. For example, if the breach a criminal offence then the Authorities will need to be contacted.
 - Evaluate the breach: who was involved, what is the extent, who is affected?
 - Notify affected individuals only if necessary, e.g. if there is Risk of harm to the individual resulting from the breach, such as identify theft. If the individual does need to be notified, they will be invited to attend an interview with Centre Management. During this interview, all details will be given including the nature of the breach, how it occurred, the investigation process and the means by which the Centre is dealing with the breach. Names of other persons involved will not be given.
 - If the breach is serious it may be necessary to contact the Victorian Privacy Commissioner as well as police, insurers, financial institutions and other relevant bodies, including regulatory body if relevant.
 - After the initial investigation is completed, the Centre must take steps to ensure that further breaches do not take place. This will include looking closely at the privacy procedures currently being followed at the Centre, ensuring Staff are aware of and following these procedures and making changes where necessary.

Changes to Privacy Laws March 2014

- Thirteen (13) Australian Privacy Principles (APPs) replace the National Privacy Principles (NPPs) from March 12, 2014 in line with the Privacy Amendment (Enhancing Privacy Protection) Act 2012. These are available at www.oaic.gov.au/privacy/privacy-resources, and are briefly outlined below.
- **APP 1: Open and transparent Management of personal information**

Privacy policy must contain the following information:

- a. The kinds of personal information the Centre collects and holds
- b. How the Centre collects and holds personal information?
- c. The purpose for which it collects and holds, uses and discloses
- d. How individual may access, and seek to correct the information
- e. How complaints about breaches are handled
- f. & g. Will the information be disclosed overseas? And if so specify which countries

The policy must be available to all who wish it, free of charge.

- **APP 2: Anonymity and pseudonymity**

Individuals have the option of not identifying themselves, or of using a pseudonym in relation to a particular matter. This will not apply if by law or other, it is impractical for the Centre to do this.

- **APP3: Collection of solicited personal information**

Only collect what is reasonably necessary for Centre functions/activities.

Do not collect sensitive information unless the individual consents, is required by law, health reasons, is an enforcement body, is not for profit and the information relates to the Centres activities and available only to the members of the Centre and those with regular contact. Collect only by lawful and fair means.

- **APP4: Dealing with unsolicited personal information**

The Centre must determine if unsolicited information was collected under the act, and if not, destroy the information as soon as practicable.

- **APP5: Notification of the collection of personal information**

Ensure the individual is aware of the purposes for collection and is notified of all relevant information.

- **APP6: Use and disclosure of personal information**

The Centre must not use or disclose personal information for any reason other than those stated when the individual gave consent to collect, unless generally permitted or required by law. When disclosure does occur the Centre must make a written note of this. Not to be undertaken for marketing purposes.

- **APP7: Direct marketing**

The Centre must not use collected and held personal information for the purpose of direct marketing, except if the individual is ok with receiving direct marketing.

- **APP8: Cross border disclosure of personal information**

If disclosing information across borders or overseas, the Centre will need to ensure that the recipient is aware of and does not breach these APPs.

- **APP9: Adoption, use or disclosure of government related identifiers**

The Centre must not adopt a government related identifier unless authorised.

- **APP10: Quality of information**

Ensure personal information collected is accurate, up-to-date, complete and relevant.

- **APP11: Security of personal information**

The Centre must protect the personal information it holds from misuse, interference, loss and unauthorised access, modification and disclosure. Where it no longer requires the information it must be destroyed and de-identified.

- **APP12: Access to personal information**

The Centre must give access to personal information of the individual on request by the individual unless giving that information would, for example, endanger life, health or safety of another, have an impact on the privacy of another, etc.

Access must be given within 30 days from request.

- **APP13: Correction of personal information**

Ensure correction is undertaken if the Centre is satisfied the current information is inaccurate, out of date, incomplete, irrelevant or misleading. This may also be transferred to relevant 3rd parties. The Centre has the right to refuse to alter formation.

8.5 Reporting

- Reporting to the relevant state government funding body, as per the yearly accountability calendar, is of primary importance and is a top priority with Staff. This reporting can take the form of hard copy surface mail, faxes, telephone and AVETMISS downloads at monthly intervals. Also quality indicator reports are required to be sent annually to registering body and include student and employer surveys as relevant and competency completions from student data.
- Staff members are to be given every opportunity to fulfil reporting requirements and to attend professional development and training sessions to assist with reporting.

Quality indicator reporting

- An annual report must be sent by the Manager to registering body (VRQA) before June 30 each year, with regard quality indicators for the previous year. These include a report outlining student survey information – the Learner Engagement Survey - from the sample collected over the previous year, for accredited training. Trainers are given these surveys at appropriate times over the year and to a wide variety of trainees, to ensure a true sample of results.
- They also include a report collating employer satisfaction in our training. This is not usually a report we are required to submit as we do not present to workplaces. However, should this occur, the report data would then need to be submitted.
- These reports are collated using the SMART system software on the computer, and the resultant reports are sent to VRQA by email at vet.qi@edumail.vic.gov.au

- Competency completions. These are the completions of certificates and units of competency from the previous year, and are collected from our statistical uploads.
- While this data is auto-filled from uploads, it needs to be checked through CCOS at website: www.rto.ncver.edu.au. A username and password is required to access this information, and is available in the Quality Indicators Reporting folder in the Manager's office.
- The latest report should also be placed on the Centre website, and include given explanatory notes:
 - For Learner and Employer surveys: *'These indicators area based on a survey of ... students (and if applicable, ... employers). This sample represents ... (usually 90%)of this organisation's training delivery in the 20.... Calendar year. The students (and employers) surveyed for this indicators were selected by this organisation in accordance with national guidelines.'*
 - For Competency Completions: *'Competency completions in this case, are a measure of volume'*

8.6 Registering body/VET regulator

- The Centre must remain a Registered Training Organisation (RTO), registered with the VRQA and using nationally registered training packages and approved courses – contained on our Scope of Registration - to receive government funding for its accredited training provision.
- In order to maintain this registration, the Centre must comply with all Standards, Conditions and other criteria of the VRQA, DEECD – HESG, and other regulatory and funding bodies.
- For pre-accredited training, the Centre is registered through ACFE
- The Centre must maintain a physical presence in Victoria, and students are required to attend classes in Victoria for Victorian government funding.
- Management and Committee must maintain regular checks on the Centres operations to ensure the health and regulatory compliance across all areas of operation – student Management, finances, Staffing etc. Where monthly Committee meetings highlight a current or prospective problem, this will need to be monitored closely.
- Any changes to the Centre's operations must be reported to registering bodies – VRQA (AQTF), DEECD-HESG, ACFE etc. - in writing within 24 hours. These changes include:
 - Management
 - Control
 - Financial viability/bankruptcy/insolvency – including cancelling of insurance policy
 - Fee assurance
 - RTO Status (Manager to notify Victorian Government within 24 hours)/ cancellation of status
- Reporting should be undertaken in writing and by the Committee executive or the Manager.
- Should the Centre be contemplating relocating to a new site, the VRQA must be informed in writing of all details as soon as they are known – well in advance of relocation being undertaken.
- Changes to the following must be reported to the VRQA in writing within 10 working days of changes being made:
 - Name and contact details of the Centre's Management/ownership/Committee members
 - Name and contact details of Centre's principal Staff members
- Change reports are to be approved by Committee/executive and sent in writing to the Manager of each registering body/organisation. This report is to be kept on file at the Centre. Significant changes such as insolvency, a decision by Committee to cease operation, the Centre's RTO registration being suspended, withdrawn, cancelled or otherwise cease - must be relayed to all organisations immediately.
- VRQA Compliance Audits are undertaken every 5 years
- ACFE registration is renewed every 3 years
- Financial Audits are undertaken annually

VET Regulator

- The VET regulator for Victorian RTO's is Victorian Registration and Qualifications Authority (VRQA). Their tasks include how to register to provide vocational education and training:
 - how to renew your registration
 - how to operate interstate
 - how to make changes to a VET registration

- the quality standards that RTOs have to meet
- the Audit processes that RTOs are subject to
- how to use logos on certificates and documents
- which RTOs have been cancelled or suspended
- the fees involved in registration

8.7 Reporting to registering body

- Reporting to the relevant state government funding body, as per the yearly accountability calendar, is of primary importance and is a top priority with Staff. This reporting can take the form of hard copy surface mail, faxes, telephone and AVETMISS downloads at monthly intervals. Also quality indicator reports are required to be sent annually to registering body and include student and employer surveys as relevant and competency completions from student data.

8.8 Student Management system (SMS)

- VETTRAK is the name of the software this Centre uses for its student Management records. VETTRAK is a version of the ReadyTech Student Management System. It is one of many available on the market.
- Any student Management system used must be AVETMISS compliant – able to create compliant reports that are sent to government funding bodies and complies with Victorian VET Student Statistical Collection Guidelines (VVSSCG). Updates for changes in these areas are the responsibility of the software manufacturer and the Manager.
- VETTRAK is used to record the following VVSSCG compliant data:
 - All government funded training undertaken; Centres training package units and curriculum units chosen each year for Centre courses. This includes start and end dates, hours presented etc.
 - Student details and enrolments
 - Fee models for tuition fees charged – information from which forms the Fee Schedule for the Centre for the current year
 - All other information relevant to training delivery and enrolments
- Data is collated (as ‘NAT’ files) and uploaded to the SVTS portal of the education website. This is the basis for our monthly government funding payments.
- Once data is uploaded to the government website, it will be checked for errors (validation process). Any errors found during this process must be amended before the next month’s submission. The final report for the end of the year MUST be error free, and submitted no later than January 15th of the next year (or 1 months after the agreement expires).
- Data should be checked for errors prior to uploading. Particular note should be taken to ensure funding code is correct (check SVTS for funding code document), hours of delivery, start and end dates, and that delivery reported is consistent with actual delivery (this should be supported by evidence documents).
- It is very important that data recorded into VETTRAK is accurate and current, as funding depends on correct data.
- Non/pre-accredited training details are also collected on VETTRAK as this is the only student Management system the Centre operates. It is important that the training types are differentiated clearly so false claims for funding are not submitted.
- VETTRAK is operated by the Centre Manager, on that computer, and is pass worded for security.
- Manager to attend to VETTRAK on Manager’s computer. Coordinator to also have knowledge of VETTRAK operation. Password required
- Courses and qualifications set up at start of each year, for years training. Ensure latest versions of same are in use.
- Enrolments are entered as they occur, or at the completion of a training period for short courses.
- Results of courses entered when known.
- NAT files created in the middle of each month.
- NAT files sent to department via SVTS in the middle of each month.
- VSN download and upload conducted at same time.

8.9 Skills Victoria Training System (SVTS)

- SVTS is the Victorian Education Department’s web page and collection system for all government contracted accredited training information sharing and reporting. This website should be checked at least weekly for new memos and important information.
- SVTS is pass worded, and is the responsibility of the Centre Manager/Coordinator.
- Student information collected on VETTRAK is transferred to SVTS monthly, on or before the 15th of each month. Student data should be as correct as possible prior to commencing the data upload. However, there is a validation service as part of the SVTS upload process, and this gives information about the errors in data that can then be remedied. The final upload of the year must be error free.
- The SVTS home page has all information for RTO’s on relevant subjects such as changes to requirements, fees, student eligibility, etc.
- Memos/notifications from the department will only be found on this system, there is no email to inform of new memos or changes in information. These will be distributed to Staff members – or the relevant information within – as appropriate, by the Manager, when appropriate. Notifications that are relevant are printed out and kept in a folder accessible to all Staff. The Manager is to inform Staff when a new or relevant memo is entered.
- The annual funding contract process and requirements is part of the information on SVTS, and so it is important to regularly check the SVTS webpage.
- There is also an enquiries section so that RTO’s may ask for information or clarification of any issues affecting them. This is the only way this department can be contacted, there is no telephone or email contact with them.
- Skills Victoria Training System (SVTS) is the Victorian Government Education department portal for information on requirements for the annual funding service agreement.
- The Manager is responsible for access to this website.
- The website is pass worded, only the Manager should hold this password.
- This website is of primary importance as the Victorian Government is our principal partner. Therefore, it should be checked for updates, news, information regularly – at least weekly.
- This is the website to which monthly data is uploaded to inform our regular funding receipts.
- Student Management systems used by the Centre must be compliant with the requirements of this website
- Report available from the SVTS website – such as Claims reports; Enrolment Activity reports etc. should be matched to actual delivery regularly to ensure information being sent is correct. This includes training activity, start and end dates, training periods, fees, etc.
- Changes to training plans for each individual should be promptly updated in VETTRAK and SVTS. Checking of delivery against SVTS stats is recommended each term.
- Information obtained from the website should be circulated promptly and as relevant.

8.10 Unique Student Identifier (USI)

- From January 1 2015, all students enrolling in nationally recognised VET courses will require a USI. The USI will be a mandatory reporting field (in SMS) from 2015.
- Students will be responsible for applying for the USI. However, the Centre may assist them in this is wished.
- Students can apply for their USI from October 1, 2014. Applications will be online.
- The USI will link all that students previous VET training.
- As a training provider, the Centre’s requirements are:
 - Collect a USI from each student
 - Verify a USI supplied by a student
 - Ensure a student has a valid USI before conferring a certificate or statement of attainment on that student
 - Ensure the security of USIs and related documentation
 - Destroy any personal information which is collected solely for the purpose of applying for a USI on behalf of a student.

8.11 Victorian Student Number (VSN)

- All students under 25 must have a Victorian Student Number. This should be recorded in VETTRAK when entering a client into the program.
- If the student does not know their number (most don't), the field in VETTRAK is optioned 'unknown'
- A VSN upload and download from VETTRAK to VSN admin is undertaken monthly. This uploads 'unknown' entries, and downloads previous 'unknowns' that have had a number assigned to them by VSN admin.
- The assigned VSN can be used by the student for many future transactions such as future training, Centrelink and other agencies.

8.12 Victorian Training Guarantee (VTG)

- The Manager or person enrolled the VTG student, must complete and sign a VICTORIAN TRAINING GUARANTEE [current year] EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION form, which is available in the VTG book in the Manager's office, OR as an attachment on the VTG eligibility document. However, the current Centre enrolment form does contain the information also, so should be sufficient.
- The VTG was introduced by the Victorian Government for certain persons who do not hold a post-school qualification, or who want to gain a higher level qualification than they already hold.
- There are an unlimited number of government-subsidised training places available to people who meet the eligibility criteria:

- an Australian citizen
- an Australian Permanent Resident (holder of a permanent visa)
- a New Zealand citizen

and are any of the following:

- under 20 years of age
- seeking to enrol in an Approved Foundation Skills List course
- seeking to enrol in VCE or VCAL
- seeking to enrol in an apprenticeship
- 20 years and older and 'up-skilling' by seeking to enrol in a course at a higher level than your existing qualification

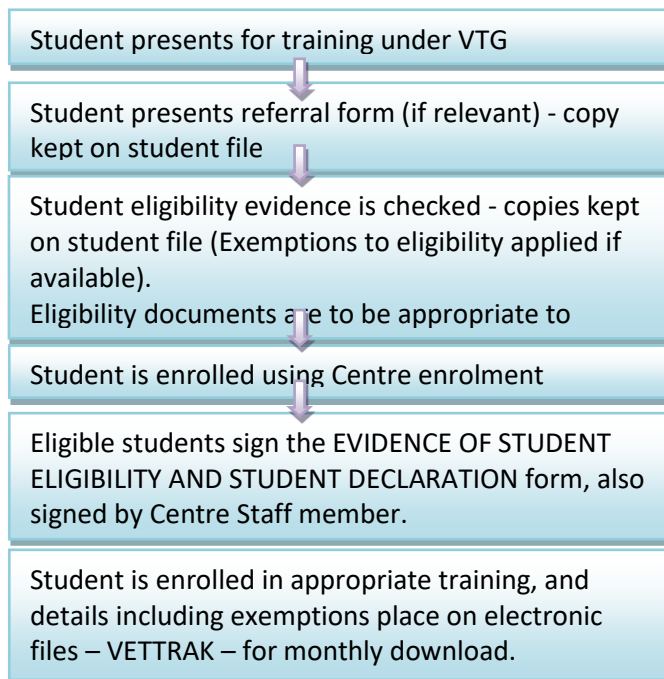
and...

- haven't begun and are not enrolled to begin two or more other government-subsidised courses in 2013.
- are not already doing two or more other government-subsidised courses.
- *Under funding policy, you can do no more than two government-subsidised courses in 2013.

*If a student self-identifies as being of **Aboriginal or Torres Strait Islander** descent, or have been referred from an **Employment Services Provider (ESP)** e.g. Job Services Australia (JSA) or from the **Department of Human Services (DHS)** and hold one of the following, additional eligibility allowances and/or possible tuition fee concessions may apply:*

- Young People Transitioning from Care Initiative Referral Form (you must also meet all Victorian Training Guarantee eligibility criteria. If eligible, you will receive a full fee waiver/exemption requiring \$0)
- Workers in Transition Program Eligibility Letter (with a separation certificate from your previous employer)
- Asylum seekers and Victims of Human Trafficking Initiative
- Job Seekers with a completed Job Seeker Referral Form
- Persons being *referred* under this scheme (as above) must present a referral form from the relevant agency. This form is kept by the Centre, with the students file, and a copy is sent back to the referring agency. In the case of the Job Seeker Referral form, the Centre must keep a copy, the original is kept by the student, and upon enrolment a copy returned to the agency.
- The Centre must work closely with referring agencies and ensure information sharing regarding course information, student requirements, fees and costs and follow up processes are current and updated when required. Information must be sufficient so that students and representing agencies may make informed choices on training.
- The Centre may be granted Eligibility Exemptions for chosen students. This is to be reported in VETTRAK.

- Also recorded on VETTRAK and on hard copy forms is any failures or unmet referrals, as per department obligations.
- Students must pass all eligibility requirements under this scheme. Persons enrolling students under the scheme should be familiar with the VTG Eligibility document: 'VTG [year] Guidelines about Determining student eligibility and supporting evidence'.
- Students enrolling under the 'workers in transition' scheme should also provide an 'eligibility letter' (for that scheme) and a 'separation certificate' from the previous employer (if appropriate).
- Students under this scheme must complete an enrolment (as with all other students) and evidence of their eligibility must be presented, copied and kept on their file. If only a copy of their evidence is presented to this Centre, that copy must be certified, e.g. by police or other eligible person.
- Process is:



Single and Teenage Parents Initiative

- This initiative ceased from July 2014

Workers in Transition program

- This RTO has roles and responsibilities with respect to administering assistance to retrenched individuals who have been referred to the RTO as part of the Workers in Transition program. These include:
- The RTO will work with individuals or groups of retrenched workers referred to them under the Workers in Transition program to ensure their current skills are assessed/recognised in order to access appropriate government subsidised training in recognised qualifications.
- Individuals referred under this program should be encouraged to undertake training in a skills shortage occupation or for jobs where there are demonstrated local or regional employment opportunities.
- The RTO must:
 - Screen referred individuals to determine the vocational interests of the student;
 - Provide career advice to referred individuals;
 - Assess referred individuals' eligibility for a government subsidised training place under the Victorian Training Guarantee; and
 - Enrol referred individuals in accordance with the requirements set out in the Guidelines about Determining Student Eligibility and Supporting Evidence.

Recognition of Prior Learning under the Workers in Transition Program

- Where the RTO (Approved RPL Provider List RTOs only) delivers government subsidised recognition of prior learning (RPL) to referred individuals, the RTO agrees to:
 - facilitate new skills acquisition by using RPL in conjunction with training.

- make every reasonable effort to help improve the skill levels of retrenched Victorians to transition to new employment through the provision of relevant training advice, including that RPL should:
 - contribute to a job outcome for unemployed/underemployed individuals; and/or
 - support the referred individual to transfer to a new occupation/area of labour market demand with overlapping skill needs.
- support job retention through RPL where accredited skills are required.
- ensure that up to date information is available on course availability and prerequisite requirements, which may require RPL assessment. Associated costs should be identified, which will assist in the understanding of costs incurred by the individual at the local level without further escalation.
- Individuals referred under this initiative that do not meet the ‘upskilling’ requirement must be reported to the Department through the use of the Eligibility Exemption Indicator field in the monthly Student Statistical Reports to be provided under the VET Funding Contract.
- The RTO must report to the Department all Training Services delivered to individuals, under the Workers in Transition program in accordance with the reporting requirements outlined in the Victorian VET Student Statistical Collection Guidelines as issued by the Department from time to time.

8.13 Workplace health and safety

- This Centre strives to comply with the health and safety requirements of commonwealth and state and regulatory bodies across all its operations. (See Risk Management process)
- All Staff, Students and Stakeholders are affected by the Centre’s health and safety policy. Where possible the Centre strives to make them aware of the policy and requirements.
- Health and safety is of prime importance in Risk Management and forms a large section of Risk Management procedure.
- Information gathered regarding health and safety – through internal & external Risk Management Audit, Staff/client/stakeholder meetings, informal comments etc. are acted on within a reasonable time frame. Urgent matters are attended to immediately.
- Ease of access ramps, automatic doors and ergonomic equipment is available throughout the Centre. These items are maintained or replaced regularly as required.

8.13.2 Child Safety and Welfare

With respect to Child Safety and Wellbeing the Centre adheres to the defined standards:

- **Standard 1:** Establishment of a culturally safe environment in which the diverse and unique identities and experiences of Aboriginal children and young people are respected and valued
- **Standard 2:** Child safety and wellbeing is embedded in organisational leadership, governance and culture
- **Standard 3:** Children and young people are empowered about their rights, participate in decisions affecting them and are taken seriously
- **Standard 4:** Families and communities are informed and involved in promoting child safety and wellbeing
- **Standard 5:** Equity is upheld and diverse needs respected in policy and practice
- **Standard 6:** People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice
- **Standard 7:** Processes for complaints and concerns are child-focused
- **Standard 8:** Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training
- **Standard 9:** Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed
- **Standard 10:** Implementation of the Child Safe Standards is regularly reviewed and improved

- **Standard 11:** Policies and procedures document how the organisation is safe for children and young people