****

**RPL**

**APPLICATION**

**SIS30521**

**Certificate III in Sport Coaching**

## Index

[Index 2](#_Toc99118172)

[Step 1: RPL enrolment 3](#_Toc99118173)

[Step 2: Self assessment questionnaire 6](#_Toc99118174)

[Step 3: Your Evidence 7](#_Toc99118175)

[3.1 Critical areas of evidence 7](#_Toc99118176)

[3.2 Evidence for each unit for competency: 10](#_Toc99118177)

[3.3 Third party evidence 19](#_Toc99118178)

[Step 4: Send us your RPL Application 20](#_Toc99118179)

# Step 1: RPL enrolment

Fill in all sections clearly.

Information requested on this form is required for the RTO to meet its AVETMISS and other reporting obligations as a Registered Training Organisation and an Australian Company.

 All data is confidential and is not forwarded to any other party other than as required for compliance and as otherwise legally required.

|  |
| --- |
| **1: PERSONAL DETAILS** |
| First name |  |
| Middle name |  |
| Surname |  |
| Gender |  | Male |
|  | Female |
|  | Other |
| Date of Birth |  |
| Country of birth |  |
| City of Birth |  |
| USI (unique student identifier) |  |
| Indigenous status |  | I am not of Aboriginal or Torres strait island origin |
|  | I am of Aboriginal origin |
|  | I am Torres strait island origin |
|  | I am both Aboriginal and TSI origin |
| Main language spoken at home |  |
| If you have any learning disability which warrants our consideration or if you have special requirements regarding delivery of your program or study, please describe these here: |  |
| Do you consider yourself to have a disability, impairment or long-term condition?(If yes provide brief details) |  |
| Email address |  |
| Home telephone |  |
| Work telephone |  |
| Mobile telephone |  |
| Street address |  |
| Suburb |  |
| Post code |  |
| Are you still attending school |  |
| Highest completed school level |  |
| Year that was achieved |  |
| Highest qualification completed |  |
| What is your current employment status? (ie full-time, part-time, self-employed, unpaid worker, seeking full-time work, seeking part-time work) |  |
| If employed what industry are you employed in? |  |
| What is the reason for you undertaking this course?(ie to get a job, to get a better job or promotion, it was a requirement of my job, I wanted the extra skills for my job, to get into another course, to try for a different career, et cetera, et cetera) |  |
| **2: COURSE DETAILS** |
| SIS30521 CIII in Sport Caoching |
| **3: Funding** |
| Fee for service |  |
| Traineeship |  |
| Apprenticeship |  |
| Other |  |
| **4: EMPLOYMENT DETAILS** |
| Employer |  |
| Employer address |  |
| Email |  |
| Phone |  |
| Employment status |
| Full-time employee |  |
| Part-time employee |  |
| Self-employed |  |
| Employer |  |
| **5: LLN** (language, literacy, and numerousy) |
| RTO’s are required to determine whether learners have appropriate levels of LLN for the courses learners are seeking to undertake. The completion of certifications to this level or higher is a good indication that the learner has appropriate LLN and this would be reflected in previous sections of this document. If the learner has not completed such qualifications then there are two options to meet LLN entry requirements:**Option 1.** Provide evidence of you LLN which could include proof of the successful completion of a secondary school leaving certificate, or a certificate III or higher qualification, or other evidence that would demonstrate LLN to this level.**Option 2**:Supply other evidence which demonstrates your language literacy and numeracy abilityFor this course are reasonable command of understanding, reading, and writing English, and good basic mathematics will be necessary. |
| **6: Further training** |
| Have you undertaken any training courses related to the occupation applied for? |
| What occupation were you trained in? | Training completion Date (month, year) | Country where you trained | Name of course and institution (if applicable) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **7: Employment history** |
| Name, Address and Phone number of Employers | Period of Employment | Position Held | Full Time Part-time Casual  | Description of Major Duties |
| From | To |
| Only list positions relevant to the RPL Application that you have held in the last 5 years |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Attach additional sheet if required**If you are including documents in your application, please provide a brief description below |
|  |
| **8: Further information** |
| Is there any further information you wish to give in support of your application? |  |
| **9. Professional Referees (relevant to work situation)** |
| Name |  |
| Position |  |
| Organisation |  |
| Phone Number |  |
| Mobile Number |  |
| Email Address |  |
| Name |  |
| Position |  |
| Organisation |  |
| Phone Number |  |
| Mobile Number |  |
| Email Address |  |
| Name |  |
| Position |  |
| Organisation |  |
| Phone Number |  |
| Mobile Number |  |
| Email Address |  |
| **10: declaration** |
| I understand that information contained in these forms may be provided to State and Commonwealth agencies and research organisations and I consent to that occurring. I certify that all details provided on these forms are correct. |
| Signed |  |
| Date |  |

# Step 2: Self assessment questionnaire

**If you’re not sure, then you probably don’t do it!**

All of these need to be answered when considering Nationally Recognised Training. People confuse non-accredited activities and material with NRT and don’t realise that everything is measured against the requirements of the Units of Competency found on [www.training.gov.au](http://www.training.gov.au)

How often have you performed the following in the last twelve months?

|  |  |  |
| --- | --- | --- |
| **Unit Code** | **Unit Title** | **I have performed these tasks** |
| **Frequently** | **Sometimes** | **Never** |
| **CORE UNITS (6)** |
| HLTAID011 Provide first aid |  |  |  |
| BSBOPS403 Apply business risk management processes |  |  |  |
| HLTWHS001 Participate in workplace health and safety |  |  |  |
| SISSSCO002 Work in a community coaching role |  |  |  |
| SISSSCO003 Meet participant coaching needs |  |  |  |
| SISSSCO005 Continuously improve coaching skills and knowledge |  |  |  |
| **ELECTIVE UNITS (4)**  |
| SISSSCO012 Coach sport participants up to an intermediate level |  |  |  |
| SISXFAC001 Maintain equipment for activities |  |  |  |
| SISXCAI009 Instruct strength and conditioning techniques |  |  |  |
| SISXEMR001 Respond to emergency situation |  |  |  |

# Step 3: Your Evidence

The following are the critical areas of evidence for this certification and you must fully complete this section as well as for the individual units.

## 3.1 Critical areas of evidence

|  |  |  |  |
| --- | --- | --- | --- |
| **CRITICAL** | **Critical requirements**Although much of the evidence you use here you may be the same as provided for individual units, each of the following needs to be addressed | **“x”** | **EVIDENCE PROVIDED**Please List the evidence you have provided |
| **Critical areas where evidence is required** | **Risk and WHS participation*** identifying risk
* consulting with relevant stakeholders
* identifying and evaluating risk control measures
* developing and implementing risk treatment plans
* referring risk where required
* maintaining risk management documentation
* contributed to WHS meetings or inspections
* followed workplace procedures for reporting hazards
* followed workplace procedures for simulated emergency situation/s
 |  |  |
| **Work in community coaching** * worked in community coaching for over 10 hours and including
	+ complying with code of conduct
	+ meeting legal and ethical responsibilities
	+ following organisational policies and procedures
	+ seeking and responding to feedback
	+ maintaining positive relationships with two of the following:
		- head coach
		- another coach
		- assistant coach
		- an official
		- parent or carer
		- committee member
		- sport administrator
		- School staff member
 |  |  |
| **Coaching sessions*** Plan, conduct, and evaluate three sport specific coaching sessions on three different occasions with each session being at least 30 minutes long
* customising the session plans to meet individual needs
* applying inclusive and non-discriminatory coaching practices
 |  |  |
| **Organised meetings*** organising meetings
* preparing and distributing documentation
* taking meeting notes
* producing minutes
* circulating minutes
 |  |  |
| **Continuously improve coaching skills*** practice coaching skills in a specific sport for over 10 hours including:
	+ meeting professional standards
	+ using coaching approach is to create inclusive participation
	+ using technology
	+ evaluating your own performance
	+ identifying and acting on areas to improve your own coaching practice
 |  |  |
| **Providing healthy eating information*** providing stakeholders with current healthy eating information resources
* information on healthy eating related to the maintenance of health and prevention of chronic disease
* answer stakeholder queries
* collaborate with stakeholders to implement healthy eating
* identify and refer at least five people to an accredited practising dietitians, accredited sports dietitians, and or general practitioner for clients who:
	+ have specific dietary requirements or concerns
	+ need support regarding positive attitudes to eating
 |  |  |
| **Strength and conditioning*** instruct strength and conditioning techniques in three sessions where each session meets the needs of participants and is at least 30 minutes in duration
 |  |  |
| **Use and maintain equipment**Evidence of safely conducting at least six of the following minor maintenance tasks on equipment over five service periods:* cleaning
* lubricating
* re-inflating
* checking for damage
* restocking or refilling
* repairing
* calibration
* storing
* other
 |  |  |

## 3.2 Evidence for each unit for competency:

|  |  |  |
| --- | --- | --- |
| **UNIT** | **EVIDENCE CHECKLIST**Please tick what evidence you can provide | **EVIDENCE PROVIDED**Please list the basic details of the evidence you can provide |
| **HLTAID011 Provide first aid** | You need to provide a Current HLTAID011 certificate |  |
| **BSBOPS403** Apply business risk management processes | Third party report \_\_duty statement \_\_samples of work \_\_portfoli0 \_\_ Other certifications \_\_Resume \_\_Other \_\_ |  |
| **HLTWHS001** Participate in workplace health and safety | Third party report \_\_duty statement \_\_samples of work \_\_portfoli0 \_\_ Other certifications \_\_Resume \_\_Other \_\_ |  |
| **SISSSCO002** Work in a community coaching role | Third party report \_\_duty statement \_\_samples of work \_\_portfoli0 \_\_ Other certifications \_\_Resume \_\_Other \_\_ |  |
| **SISSSCO003** Meet participant coaching needs | Third party report \_\_duty statement \_\_samples of work \_\_portfoli0 \_\_ Other certifications \_\_Resume \_\_Other \_\_ |  |
| **SISSSCO005** Continuously improve coaching skills and knowledge | Third party report \_\_duty statement \_\_samples of work \_\_portfoli0 \_\_ Other certifications \_\_Resume \_\_Other \_\_ |  |
| **SISSSCO012** Coach sport participants up to an intermediate level | Third party report \_\_duty statement \_\_samples of work \_\_portfoli0 \_\_ Other certifications \_\_Resume \_\_Other \_\_ |  |
| **SISXFAC001** Maintain equipment for activities | Third party report \_\_duty statement \_\_samples of work \_\_portfoli0 \_\_ Other certifications \_\_Resume \_\_Other \_\_ |  |
| **SISXCAI009** Instruct strength and conditioning techniques | Third party report \_\_duty statement \_\_samples of work \_\_portfoli0 \_\_ Other certifications \_\_Resume \_\_Other \_\_ |  |
| **SISXEMR001** Respond to emergency situation | Third party report \_\_duty statement \_\_samples of work \_\_portfoli0 \_\_ Other certifications \_\_Resume \_\_Other \_\_ |  |
| **Declaration** |
| I understand that information contained in these forms may be provided to State and Commonwealth agencies and research organisations and I consent to that occurring. I certify that all details provided on these forms are correct. |
| Signed |  | Date |  |  |

## 3.3 Third party evidence

**REFEREE TESTIMONIAL**

|  |  |
| --- | --- |
| Workplace/ venue |  |
| Type of business activity (ie commercial gym and fitness centre) |  |
| Your name and position |  |
| Your qualifications and experience |  |
| To whom it may concern, RE skills in Fitness for: |  |
| I certify that the above named person has worked/participated at our venue and they regularly undertaken the following activities within the workplace since commencing employment/participation with this organisation as detailed in the following table:  |
| **Unit Code** | **Unit Title** | Provide details ofskills/competencies that the candidate has performed/demonstrated which relate to these units of competency. Your comments should include details of what they have done and how often, for example: “Joe Bloggs has been involved with our organisation for 3 years in the capacity of a group exercise instructor and has regularly performed health screening and fitness orientation for an average of 5 to 6 people a week over the three-year period.” |
| HLTAID011 Provide first aid |  |
| BSBOPS403 Apply business risk management processes |  |
| HLTWHS001 Participate in workplace health and safety |  |
| SISSSCO002 Work in a community coaching role |  |
| SISSSCO003 Meet participant coaching needs |  |
| SISSSCO005 Continuously improve coaching skills and knowledge |  |
| SISSSCO012 Coach sport participants up to an intermediate level |  |
| SISXFAC001 Maintain equipment for activities |  |
| SISXCAI009 Instruct strength and conditioning techniques |  |
| SISXEMR00**1** Respond to emergency situation |  |
| Other comment |  |
| Name & position |  |
| Signature |  |

# Step 4: Send us your RPL Application

Return your RPL application and we will provide you with feedback on what RPL you may be entitled to or whether or not we need additional evidence.