



*Learning to care from leaders in health*

In Partnership with



# Australian Nursing and Midwifery Education Centre Policy Manual

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## Introduction

Policies in this manual comply with the ASQA RTO Standards for Continuing Registration as a training provider, Commonwealth of Australia.

The Australian Nursing and Midwifery Education Centre (ANMEC) has a commitment to delivering quality education and training. Therefore, students and staff are required to comply with these policies.

Definitions are provided initially in the terminology section and then as necessary in the subsequent policies.

Cross references refer to policies within this manual and to the RTO standards and the Nursing and Midwifery Board of Australia (NMBA), Enrolled Nurse standards for practice criteria.

The policy manual is endorsed by the ANMF (SA Branch) and authorised by the CEO/Secretary ANMF (SA Branch).



Elizabeth Dabars  
CEO/Secretary ANMF (SA Branch)

## Terminology

The definitions given in the section are also used throughout the policies. Many of the definitions have been adapted from the *AQTF Users' Guide to the Essential Conditions and Standards for Continuing Registration*.

**Academic Record** – issued with a qualification and lists results against the nationally recognised and accredited units of competency.

**ANMAC** – Australian Nursing and Midwifery Accreditation Council

**Appeal** – a process whereby a client of ANMEC or other interested party may dispute a decision made by ANMEC or HERC. The decision may be an assessment decision or may be about any other aspect of ANMEC or HERC's operation.

**Application form** – the selection tool used to determine eligibility. The application form includes education and employment history (including unpaid work and experience), literacy and numeracy skills assessment.

**AQF** – Australian Qualifications Framework 2<sup>nd</sup> Edition 2013

**ASQA** – Australian Skills Quality Authority is the national regulator for vocational education and training.

**Assessment** – the process of collecting evidence and making judgements on whether competency has been achieved, to confirm that an individual can perform to the standard expected in the workplace, as expressed by the relevant endorsed industry competency standards of a training package or by the learning outcomes of an accredited course. Assessments include written assignments, practical skills assessments and group work.

**Assessment tools** – the instrument/s and procedures used to gather and interpret evidence of competence.

- Instrument – the specific questions or activity used to assess competence by the assessment method selected. An assessment instrument may be supported by a profile of acceptable performance and the decision-making rules or guidelines to be used by assessors.
- Procedures – the information or instructions given to the candidate and the assessor about how the assessment is to be conducted and recorded.

**Cancellation by student** – a student requests the cessation of their course enrolment.

**Cheating** – may take many forms including but not limited to

- a student copying the work of other students
- a student allowing other students to copy their work
- a student working in a group and not contributing

**Clinical challenge** – where a student has failed to meet all the clinical requirements of a unit of competency, the assessor may request the student to demonstrate the required clinical skills.

**Clinical/work placement** – a period of time spent in a clinical/work environment in order for the student to observe, learn and demonstrate competence.

**Complainant** – the person who lodges a complaint.

**Complaint** – an allegation made by a client or other interested parties concerning ANMEC or HERC's services.

**Complaints process** – a process by which a client or other interested parties, may raise a concern about ANMEC or HERC policies, procedures, services or products with a view to having them changed and improved.

**Continuous improvement** – a planned and ongoing process that enables ANMEC and HERC to systematically review and improve its policies, procedures, products and services to generate better outcomes for clients and to meet changing needs. ANMEC and HERC constantly review their performance against the ASQA SNRs and to plan ongoing improvements. Continuous improvement involves collecting, analysing and acting on relevant information from clients and other interested parties, including RTO staff.

**Course fee** – the fee determined for the course without additional costs which may be incurred during the course.

**Course progress** – monitoring, recording and assessing of a student's progress in relation to the course in which the student is enrolled.

**Credit transfer/National Recognition** –

- recognition of the AQF qualifications and statements of attainment issued by all other RTOs, thereby enabling national recognition of the qualifications and statements of attainment issued to any person
- recognition by each state and territory's registering body of the training organisations registered by any other state or territory's registering body and of its registration decisions
- recognition by all state and territory course-accrediting bodies and registering bodies of the courses accredited by each state or territory's course accrediting body and of its accreditation decisions

**Currency** – in assessment, currency relates to the age of the evidence presented by the candidate to demonstrate that they are still competent. Competency requires demonstration of current performance, so the evidence collected must be from either the present or the very recent past.

**Deferral** – an application by a student enrolled in a course to suspend their active participation in the course for a nominated period of time.

**Dereliction of Study** – where a student fails to attend classes, workshops or placements for a period of 60 calendar days or more without contacting ANMEC, HERC or their Course Coordinator.

**Drugs** – for the purpose of this policy the term includes substances defined as illegal drugs.

**Equipment** – any tools or materials such as mannequins, lifting equipment, medical supplies.

**Extension** – where a student is unable to meet the due date for assessment submission due to unforeseen circumstances or illness, an educator may grant an additional time period for the assessment to be completed.

**Facilities** – any furniture, furnishings and structure.

**Flexible learning** – is providing a range of learning environments and strategies to cater for differences in individual learning interests, needs, styles and opportunities.

**Formative evaluation** – reviewing the quality of course administration, content and delivery on a continual basis.

**Host workplace** – any facility in which ANMEC or HERC places students for practical experience and observation during their course.

**Immunisation** - Immunisation protects people against harmful infections before they come into contact with them in the community. Immunisation uses the body's natural defence mechanism - the immune response - to build resistance to specific infections. Immunisation helps people stay healthy by preventing serious infections.

**Industry** – implies industry organisations, industry training advisory bodies and skills councils, unions, specific clients and professional licensing bodies.

**Information technology** – includes access to ANMEC and HERC's electronic resources, library catalogue, Internet, word processing, printing and individual storage space.

**Mandatory reporting** – the legal requirement to report suspected cases of child abuse and neglect.

**Mediation** – a voluntary process in which a mediator, acceptable to both parties, facilitates the resolution of disputes between the parties.

**Memorandum of agreement (MoA)** – a document between parties to cooperatively work together on an agreed upon project or meet an agreed upon objective. The purpose of an MoA is to have a written understanding of the agreement between the parties. May also be called an MoU (Memorandum of Understanding)

**Midpoint of course** – defined as 50% of the total delivery time of the course.

**Monitoring enrolment load** – the enrolments of students and their study loads are in keeping with the stipulated enrolment durations.

**National Police Certificate** – often referred to as a 'police check', provides a national summary of an individual's offender history.

**National recognition/Credit Transfer** –

- recognition by ANMEC and HERC of the AQF qualifications and statements of attainment issued by all other RTOs, thereby enabling national recognition of the qualifications and statements of attainment issued to any person
- recognition by each state and territory's registering body of the training organisations registered by any other state or territory's registering body and of its registration decisions
- recognition by all state and territory course-accrediting bodies and registering bodies of the courses accredited by each state or territory's course accrediting body and of its accreditation decisions

**Natural justice** – gives the respondent the right to be given a fair hearing and to present their case.

**NMBA** – Nursing and Midwifery Board of Australia

**Orientation** – the process of providing information to students and newly appointed staff.

**Parchment** – a Certificate, Diploma or Statement of Attainment.

**Participant** – a person who has completed and lodged a registration form and made payment in order to attend a workshop.

**Payment schedule** – a plan to assist the student to pay the determined course fees in instalments over the duration of the course.

**Plagiarism** –

- the direct copying of another author's work without recognising it as a quote and or acknowledging the author
- rewording another author's work and not acknowledging the source of the information
- claiming an idea as one's own when it was first arrived at by another

**Policy** – a documented statement of a definite course of action that is to be adopted and implemented.

**Qualification** – formal certification in the VET sector by an RTO that a person has satisfied all requirements of the units of competency or modules that comprise an AQF qualification as specified by

- a nationally endorsed training package
- an accredited course that provides training for that qualification

**Recognition of prior learning (or RPL)** – Recognition of prior learning is an assessment process that involves assessment of an individual's relevant prior learning (including formal, informal and non-formal learning) to determine the credit outcomes of an individual application for credit (National Quality Council Training Packages glossary)

**Record of Results** – A record of results is a record of all learning leading to an AQF qualification or an accredited unit in which a student is enrolled and is issued by an authorised issuing organisation. In Australia this may be called a 'transcript of results', 'academic transcript', 'record of achievement' or 'statement of results'

**Respondent** – the person against whom the complaint is lodged.

**Risk** – the chance that an event will occur which will impact upon the core business of ANMEC or HERC.

**Risk assessment** – the process used to identify risks and the likelihood, frequency and consequences of their occurrence.

**Risk management** – development of strategies to manage the effects of risks.

**RTO** – A registered training organisation is a vocational education and training organisation registered by a state or territory registering body in accordance with the Australian Quality Training Framework (AQTF) Essential Standards for Registration within a defined scope of registration (National Quality Council Training Packages glossary)

**SNR** – ASQA Standards of Continuing Registration

**Student** – a person who has completed and lodged an enrolment form in order to undertake training.

**Statement of Attainment** – lists results against the nationally recognised and accredited units of competency in which a student has been enrolled. A Statement of Attainment is issued where the student has not gained competence in all units required for the completion of an AQF-recognised qualification.

**Support person** – a person chosen by the complainant or respondent to support them during the complaint process. The support person is bound by confidentiality and will not enter into discussions during mediation sessions.

**Summative evaluation** – reviewing the quality of course administration, content and delivery at the end of the course or a section of the course.

**Termination of enrolment** – a student's enrolment in their course of study is terminated and will not be reinstated unless the termination is overturned through the appeals process.

**Training package** – a nationally endorsed, integrated set of competency standards, assessment guidelines and AQF qualifications for a specific industry, industry sector or enterprise.

**Training program** – a program (also known as a learning program), developed by ANMEC and delivered under license by HERC, that meets the training and assessment requirements of a qualification from a training package, one or more designated units of competency, or an accredited course. The training program may specify such matters as essential and elective units, the sequence and timing of training and assessments, and the resources required. This may form part of a training and assessment strategy.

**Unacceptable student behaviour** includes but is not limited to –

- endangering the safety of self or others
- inappropriate physical contact and/or physical violence
- bullying and intimidation of any other person
- being affected by drugs and/or alcohol
- consistently disrupting the work of learning in the classroom
- inappropriate isolation of a group member from group activities
- putting at risk the good reputation of any other person
- making racist or sexist comments to any other person
- demeaning another in any way
- constantly and inappropriately seeking attention
- behaving in a disruptive manner such as swearing, yelling, using offensive language
- inappropriate invasion of another's personal space
- stealing
- disobeying any reasonable direction by a staff member
- viewing or distributing offensive material via the internet, e-mail or any other means
- use of mobile phones in the classroom environment

**Unit of competency** – specification of industry knowledge and skill and the application of that knowledge and skill to the standard of performance expected in the workplace.

**Validation of assessment** – a process for ensuring that the way a unit of competency or group of units is assessed, and the evidence collected through these assessments is consistent with the requirements of the unit or group of units, of competency and of industry. It includes validating the assessment process, the assessment tools and instruments, the evidence collected using tools and instruments and the interpretation of that evidence to make a judgement of competence in relation to the same unit(s) of competency. Validation may be undertaken before, during and after the actual assessment activity occurs and may include both formative and summative assessment. The latter includes assessment for the purpose of granting RPL.

**Validity** – one of the principles of assessment and also one of the rules of evidence. Assessment is valid when the process is sound and assesses what it claims to assess. Validity requires that –

- assessment against the units of competency must cover the broad range of skills and knowledge that are essential to competent performance
- assessment of knowledge and skills must be integrated with their practical application
- judgement of competence must be based on sufficient evidence (that is, evidence gathered on a number of occasions and in a range of context using different assessment methods). The specific evidence requirements of each unit of competency provide advice on proficiency.

**Victimisation** – detrimental action taken against the complainant.

**Workshop** – a discrete session on a given topic provided on a fee-for-service basis.

# Section 1 – Marketing and Recruitment

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## 1.1 ADVERTISING AND MARKETING POLICY

### 1. Policy Statement:

- 1.1. This policy sets out the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC) guidelines for Advertising and Marketing.

### 2. Application:

- 2.1. This policy is applicable to:
  - All staff and students
  - Third party providers

### 3. Definitions:

- 3.1. For Terminology refer to the document ANMEC HERC Policy Manual.

### 4. Principles

- 4.1. ANMEC and HERC will advertise and market courses and workshops in an appropriate and ethical manner, in accordance with Standards of Registration and Accreditation Standards.

### 5. Responsibilities:

- 5.1. ANMEC and HERC will only advertise and market courses and workshops that are current.
- 5.2. ANMEC and HERC will only advertise or market a training product that it delivers which will enable learners to obtain a licensed or regulated outcome where this has been confirmed by the industry regulator in the jurisdiction in which it is being advertised.
- 5.3. ANMEC and HERC will only develop advertising and marketing materials that provide clear, justifiable and published admission criteria.

### 6. Procedures:

- 6.1. ANMEC and HERC will ensure written permission has been obtained by any person or organisation featured in marketing or advertising materials in name, image or written comment or testimonial.
- 6.2. Advertising material must clearly state the selection requirements of ANMEC and HERC courses and workshops.
- 6.3. This includes training programs where language, literacy, and numeracy requirements must be met as part of the selection criteria.
- 6.4. Advertising material must clearly state relevant fees and conditions.

- 6.5. Advertising material must clearly state the obligations of students regarding application and payment of fees.
- 6.6. Advertising material will clearly distinguish between nationally recognized training and assessment leading to the issuance of an AQF certification document from any other training or assessment delivered by ANMEC and HERC.
- 6.7. Advertising material will only use the NRT Logo in accordance with the conditions of use.
- 6.8. Advertising materials will not guarantee a student will successfully complete a qualification or obtain an employment outcome.
- 6.9. Advertising materials will be monitored and reviewed to ensure they are current and accurate.
- 6.10. Advertising materials will distinguish where it is delivering training and assessment on behalf of another RTO or where training and assessment is being delivered on its behalf by a third party.
- 6.11. Advertising and marketing will include details about any VET [Vocational Education and Training] FEE-HELP, government-funded subsidy or other financial support arrangements associated with the RTO's provision of training and assessment.

## 7. Relevant Documents/Links:

- 7.1. 3.1 Payment of Course Fees Policy  
3.3 Workshop Fees Policy
- 7.2. Standards for Registered Training Organisations (RTOs) 2015:
  - Standard 4
  - Schedule 4
  - [Nationally Recognised Training \(NRT\) Logo specifications](#)

## 8. Review:

- 8.1. This Policy is to be administered by the Head of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

## 9. Document History and Version Control:

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<b>Sponsor:</b>	Director EAR		
<b>Contact Officer:</b>	Compliance Officer		

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6.01	25/05/2022	Compliance Officer	Minor amendments
7.0	23/06/2022	DLD	Major Amendments
7.1	29/06/2022	Executive	Major Amendments

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## 1.2 COURSE APPLICATION POLICY

### 1. Policy Statement:

- 1.1. This policy sets out the objectives of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC).
- 1.2. This policy sets out the guidelines for course application required for staff and students of ANMEC and HERC.

### 2. Application:

- 2.1. This policy is applicable to:

- All staff and students

### 3. Definitions:

- 3.1. For Terminology refer to the document ANMEC HERC Policy Manual
- 3.2. 'Application Questions' or 'Expression of Interest' online forms are selection tools used to gather information to determine eligibility for entry in to ANMEC and HERC courses. The application form includes education and employment history, ability to undertake placements, language literacy and numeracy skills and evidence of English language proficiency assessment (where relevant to the course).

### 4. Principles:

- 4.1. Entry requirements will at a minimum reflect the levels stated in relevant training package documents.
- 4.2. Conditions determined by external contracts or grants will take precedence over the selection criteria.
- 4.3. ANMEC and HERC will establish procedures and processes that ensure students demonstrate and meet proficiencies and skills which enable them to enrol, complete, and use their qualification to gain employment outcomes, and meet licensing requirements as relevant.

### 5. Responsibilities:

- 5.1. Students: Must provide the necessary information by the required date.

### 6. Procedures:

- 6.1. Selection documentation, incomplete or completed, is confidential and deemed to be the property of ANMEC and HERC.
- 6.2. Applicants will be provided with information about the opportunity to apply for recognition of prior learning, credit transfer and national recognition.
- 6.3. The completion of the application form must be entirely the work of the applicant.
- 6.4. During the application process, ANMEC and HERC will make reasonable accommodation for people with special needs.
- 6.5. Applicants will be informed of the outcome of their application no later than 10 days prior to course commencement.
- 6.6. An applicant may appeal the application process in line with the Appeals policy and procedure.

## 7. Relevant Documents/Links

- 3.4 Student support policy
- 3.6 Appeals
- 6.6 Equal opportunity and access policy

Standards for Registered Training Organisations (RTOs) 2015:

- Standard 1, Clauses 1.8-1.12
- Schedule 4, 4.1

ANMAC Standards

- Standard 6

## 8. Review:

8.1. This Policy is to be administered by the Head of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

## 9. Document History and Version Control:

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V7		Lea Hague	Review of Policy

**File Pathway : RecFind - ANMEC FILES– Compliance – Policy and Procedures – Enrolment– 2.1 Course Application**

## **Section 2 – Enrolment**

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## 2.1 COURSE ENROLMENT POLICY

### 1. Policy Statement:

- 1.1 This policy sets out the objectives of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC).
- 1.2 This policy sets out the guidelines for course enrolment required for staff and students of ANMEC and HERC.

### 2. Application:

2.1 This policy is applicable to:

- All staff and students

### 3. Definitions:

- 3.1 For Terminology refer to the document ANMEC HERC Policy Manual.
- 3.2 Student - a person who has completed and lodged an enrolment form with ANMEC or HERC in order to undertake training.
- 3.3 Training program – a program (also known as a learning program), developed by ANMEC, that meets the training and assessment requirements of a qualification from a training package, one or more designated units of competency, or an accredited course. The training program may specify such matters as core and elective units, the sequence and timing of training and assessments, and the resources required. This may form part of a training and assessment strategy.

### 4. Principles:

- 4.1 ANMEC and HERC are committed to ensuring that enrolling students are provided with necessary, timely and accurate information that relates to requirements of the training program, payment (where applicable), policies and responsibilities of students.
- 4.2 Information provided by students at enrolment will be confidential.
- 4.3 The course enrolment process will be conducted with honesty and integrity.
- 4.4 That where applicable, ANMEC will establish and maintain procedures connected to this policy to ensure the collection of student information required to meet the compliance requirements of Section 85, VSL Rules 2016.
- 4.5 Results will be provided to students as soon as practicable following the literacy, language and numeracy (LLN assessment).

### 5. Responsibilities:

- 5.1 Administrative team:  
Assess and satisfy conditions of eligibility and entitlement and maintain appropriate copies of documents/evidence of enrolment as this information may need to be provided to Government Departments as evidence of eligibility and entitlement in the form, manner and time requested.
- 5.2 Students:  
Are responsible for completing enrolment requirements prior to the commencement of the course. Students should be aware that some courses have pre-requisites, i.e. minimum age, police clearance, vaccination status, due to placement arrangements in health care facilities. Students with a VET Student Loan are responsible for ensuring the accuracy of the Commonwealth VET Student loan that is applied to them and to initiate action to remedy any errors in an appropriate timeframe.

## 6. Procedures:

6.1 ANMEC and HERC have a clearly defined enrolment process which students are informed of at the time of application.

6.2 This process conforms with the terms and conditions of the Accredited Training Schedule Agreement (ATSA) and determines students' eligibility, entitlement and Upfront Assessment of Needs.

6.3 2.5.2 ANMEC Upfront Assessment of Needs (UAN) Procedure outlines the part of the student entry process, by which an applicant will participate in:

- Suitability and Support Needs Assessment
- Language, Literacy and Numeracy Assessment.

6.4 Once enrolled, students will be inducted to the course and orientated to the facility in the first session of their course. This will include information about –

- Policies
- Equal opportunity
- Complaints and appeals
- Code of conduct
- Assessment
- WHS Implementation

6.5 Students who are eligible for a VET student loan must follow the steps outlined in 2.5.1 VET Student Loan Application Procedure.

## 7. Relevant Documents/Links

2.1.1 VET Student Loan Application Procedure

2.1.2 ANMEC UAN Procedure

## 8. Review:

7.1 This Policy is to be administered by the Director of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

## 9. Document History and Version Control:

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7.02	04/03/22	Compliance Officer	Major Amendment
7.03	05/03/22	Compliance Officer	Major Amendment
7.04	07/03/22	Compliance Officer	Major Amendment
7.0	09/03/22	ALC	Final

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## 2.2 TRANSFER OF COURSE ENROLMENT

### 1. Policy Statement:

- 1.1. This policy sets out the objectives of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC).
- 1.2. This policy sets out the guidelines for the transfer of course enrolment required for staff and students of ANMEC and HERC.

### 2. Application:

- 2.1. This policy is applicable to:
  - All staff and students

### 3. Definitions:

- 3.1. For Terminology refer to the document ANMEC HERC Policy Manual
- 3.2. RTO – a training organisation registered by a state or territory registering body in accordance with the ASQA Standards for Registration within a defined scope of registration. A training organisation must be registered in order to deliver and assess nationally recognised training and issue nationally recognised qualifications.
- 3.3. Student – a person who has completed and lodged an enrolment form in order to undertake training.

### 4. Principles:

- 4.1. ANMEC and HERC staff will assist the student by providing relevant advice regarding the transfer process.

### 5. Responsibilities:

- 5.1. ANMEC and HERC will ensure that the student records are complete and accurate at the time of their transfer.

### 6. Procedures:

- 6.1. A student may transfer from ANMEC or HERC to another RTO and be provided with a statement of attainment provided that the student has successfully completed on or more units of competency and has met all financial requirements until the time of transfer.

### 7. Other Relevant Documents/ Links:

- 2.6 Credit Transfer
- 2.7 Recognition of Prior Learning (RPL) Policy

Standards for Registered Training Organisations (RTOs) 2015:

- Standard 1, Clauses:
  - 1.26
  - 3.5
  - 8.1-8.2

### 8. Review:

- 8.1. This Policy is to be administered by the Head of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

## 9. Document History and Version Control:

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V6		Lea Hague	Review of Policy
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## 2.3 DEFERRAL OF COURSE ENROLMENT POLICY

### 1. Policy Statement:

- 1.1. This policy sets out the objectives of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC).
- 1.2. This policy sets out the guidelines for Deferral of Course Enrolment required for staff and students of ANMEC and HERC.

### 2. Application:

- 2.1. This policy is applicable to:
  - All staff and students

### 3. Definitions:

- 3.1. For Terminology refer to the document ANMEC HERC Policy Manual 2020.
- 3.2. Deferral – an application by a student enrolled in a course to suspend their active participation in the course for a nominated period of time.
- 3.3. Student – a person who has completed and lodged an enrolment form in order to undertake training.

### 4. Principles:

- 4.1. ANMEC and HERC recognise that students may have compelling circumstances beyond their control that necessitate the interruption of their course of study.
- 4.2. Approval of deferral is discretionary and will generally only be granted for periods of up to 12 months, or 6 months in the case of public funding circumstances.
- 4.3. For periods of longer than 12 months the student will need to withdraw from the course and seek to re-enrol when they are ready to resume study.
- 4.4. Students must be enrolled and in good financial standing to be eligible for deferral of study.

### 5. Responsibilities:

- 5.1. The student is responsible for requesting the deferral of their course using the correct forms and process.
- 5.2. The student is responsible for informing ANMEC or HERC of their intended resumption of their course.
- 5.3. The student may be required to show currency of knowledge prior to completion of their qualification.
- 5.4. ANMEC and HERC will process a formal application for deferral and inform the student of the outcome within 10 working days of receipt.

### 6. Procedures:

- 6.1. A request by a student for the deferral of study must be in writing.
- 6.2. Units of competency that are incomplete at the time of deferral may be resumed when study is reactivated. However, ANMEC and HERC have the right to test their currency of knowledge and competence in the relevant areas of study where units are resumed.
- 6.3. The student will be required to re-enrol in units of competency and pay the fees associated with those units of competency.

## 7. Other Relevant Documents/Links

- 3.1 Payment of Course Fees Policy
- 3.2 Course Refunds Policy
- 4.5 Transitioning Policy

## 8. Review:

- 8.1. This Policy is to be administered by the Head of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

## 9. Document History and Version Control:

<b>Last amendment:</b>	March 2020	<b>Next Review:</b>	March 2022
<b>Sponsor:</b>			
<b>Contact Officer:</b>			

Version	Date Approved	Approved by	Brief description
V6			Review of Policy
<b>File Pathway : RecFind - ANMEC FILES– Compliance – Policy and Procedures – Enrolment – 2.12 Deferral of Course Enrolment</b>			

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## 2.4 TERMINATION OF ENROLMENT

### 1. Policy Statement:

- 1.1 This policy sets out the objectives of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC).
- 1.2 This policy sets out the guidelines for the termination of enrolment required for staff and students of ANMEC and HERC.

### 2. Application:

- 2.1 This policy is applicable to:

- All staff and students

### 3. Definitions:

- 3.1 Termination of enrolment – a student's enrolment in their course or unit of study is terminated.

### 4. Principles:

- 4.1 Termination of student enrolment is only to be considered as last resort measure after all other avenues to resolve issues have been exhausted.
- 4.2 No student will have their enrolment terminated without:
  - 4.3 Being informed of the proposed termination
  - 4.4 Being given due process as per the procedure outlined in 2.13.1 Termination of Enrolment Procedure
  - 4.5 Being given 28 days to appeal the decision as per 2.13.1 Termination of Enrolment Procedure and 1.9 Appeals policy.
  - 4.6 Ensuring termination only occurs after the appeal has been resolved as per the procedures outlined in 2.13.1 Termination of Enrolment Procedure and 1.9 Appeals Policy.
  - 4.7 Being informed of the circumstances in which fees will or will not be refunded as per policy 3.2 Course Refunds, this includes students with a VET Student Loan.
- 4.8 The process will be transparent, and students will, in good time, be provided with all relevant policies and procedures.
- 4.9 The process will be conducted with honesty and integrity.

### 5. Responsibilities:

- 5.1 Responsibility for the decision to terminate a student's enrolment will be made by a panel consisting of the Director of Learning and Development, the student's Course Coordinator and the Administration Coordinator.
- 5.2 Other responsibilities for the execution of the procedure are to be found in 2.13.1 Termination of Enrolment Procedure.

### 6. Procedures:

- 6.1 Termination of a student's enrolment must follow the procedure outlined in 2.13.1 – Termination of Enrolment Procedure.

## 7. Other Relevant Documents/Links

- 3.1 Payment of Course Fees
- 3.2 Course Refunds
- 3.5 Complaints
- 3.6 Appeals
- 4.1 Course Attendance
- 4.2 Course Progress
- 5.1 Issuance of Parchments
- 6.10 Code of Behaviour

## 8. Review:

- 8.1 This Policy is to be administered by the Director of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

## 9. Document History and Version Control:

<b>Last amendment:</b>	March 2022	<b>Next Review:</b>	March 2024
<b>Sponsor:</b>			
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Version	Date Approved	Approved by	Brief description
V4			Policy Review
4.1	14/10/21	Compliance Officer	Minor Amendment
5.01	02/03/22	Compliance Officer	Major Amendment
5.0	08/03/22	ALC	Final

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## 2.5 CANCELLATION BY STUDENT OF ENROLMENT

### 1. Policy Statement:

- 1.1 This policy sets out the guidelines for a student to cancel their enrolment in a course or part of a course (withdrawal from a course of study or unit of study). Note that this policy is distinct to a deferral of enrolment. Students who wish to defer their studies should see 2.12 Deferral of Course Enrolment.

### 2. Application:

- 2.1 This policy is applicable to:

- All staff and students at ANMEC

### 3. Definitions:

- 3.1 Cancellation by student – a student requests the cessation of their enrolment.
- 3.2 Student – a person who has completed and lodged an enrolment form in order to undertake training.
- 3.3 Census date – the last date that you can withdraw from a course without having to pay tuition fees for the current study period.

### 4. Principles:

- 4.1 A student may cancel their enrolment without providing a reason, this includes students with a VET student loan.
- 4.2 If a student begins the cancellation process for a course or part of a course before the census date for the current study period, there must be no financial, administrative or other barriers to the cancellation of course enrolment. Students will therefore not incur debt and will be entitled to a recredit/refund of tuition fees if applicable.
- 4.3 A student will be granted credit for units completed if they wish to reenrol in future.
- 4.4 After the cancellation of enrolment is completed, any reenrolment requires the written permission of the student.

### 5. Responsibilities:

- 5.1 The student must provide the Course Coordinator with their request for cancellation in writing using the correct form. The correct form can be found below as Appendix 1: Application to Withdraw from Studies. This form is also available on the Student Learning Management System.
- 5.2 The student's course coordinator and administrative services are responsible for the timely execution of this policy's procedure.

### 6. Procedure:

- 6.1 To cancel a course of study, or part of a course of study, the student must complete a request for cancellation using Appendix 1: Application to Withdraw from Studies (also available on Student Learning Management System).
- 6.2 The student must then provide this form to a member of the administration team, the date of the provision of this form is the effective cancellation of enrolment date.
- 6.3 The Course Coordinator is then asked to sign the form.
- 6.4 The administrative services team processes the cancellation of enrolment.

6.5 The student is notified within 5 business days by the administrative services that their enrolment has been cancelled and that a refund (if applicable) will be issued in accordance with 3.2 Course Refunds Policy.

6.6 A student who wishes to reenroll in a course or part of a course after completing the cancellation of course enrolment procedure will need to redo the Expression of Interest using the link available on the ANMEC website. This will include providing written permission.

## 7. Other Relevant Documents/Links

Appendix 1: Application to withdraw from studies (below)

3.1 Payment of Course Fees

3.2 Course Refunds

5.1 Issuance of parchments

## 8. Review:

8.1 This Policy is to be administered by the Director of Learning and Development. The Policy is to be reviewed every two years. Changes to the Policy will require approval by the Operational Sub-Committee.

## 9. Document History and Version Control:

<b>Last amendment:</b>	October 2021	<b>Next Review:</b>	March 2022
<b>Sponsor:</b>			
<b>Contact Officer:</b>			

Version	Date Approved	Approved by	Brief description
V4			Policy Review
4.1	14/10/21	Compliance Officer	Minor Amendment
5.01	02/03/22	Compliance Officer	Major Amendment
5.0	08/03/22	ALC	Final

## 2.6 CREDIT TRANSFER

### 1. Policy statement:

- 1.1 As part of the national Vocational Education and Training (VET) system ANMEC recognises qualifications, skills sets and units of competency that have been awarded as part of the Australian Qualifications Framework by other Registered Training Organisations (RTO).
- 1.2 Under this policy ANMEC will accept the credentials issued by another RTO based in any State or Territory of Australia.
- 1.3 This policy provides the guidelines for establishing consistency in Credit Transfer for ANMEC students.

### 2. Application:

2.1 This policy is applicable to:

- Staff
- Students

### 3. Definitions:

- 3.1 Australian Skills Quality Authority (ASQA) – is the national regulator for the vocational education and training (VET) sector.
- 3.2 Credit Transfer - is the recognition of equivalency of content and learning outcomes between different learning and / or qualifications previously undertaken and successfully completed.
- 3.3 Recognised Prior Learning - is a process of assessment to determine the level of competence of a person.
- 3.4 Equivalence – where the course code and title on the evidence supplied matches the intended unit of competency.

### 4. Principles:

- 4.1 ANMEC accepts and provides credit to learners for units of competency and/or modules (unless licensing or regulatory requirements prevent this) where successful attainment / completion is evidenced by:
  - AQF certification documentation issued by any other RTO or AQF authorised issuing organisation; or
  - Authenticated VET transcripts issued by the Registrar
- 4.2 Students will not be required to repeat any unit or module in which they have already been assessed as competent (unless a regulatory requirement or license condition requires periodic retraining/refresher training).
- 4.3 There is no cost to applying for credit transfer prior to the commencement of a unit, nor will students be charged tuition fees for a replacement component of a replacement course.
- 4.4 The recognition of a unit of competency under a national recognition arrangement is not contingent on the applicant demonstrating their currency. If the unit has been previously awarded and equivalence can be demonstrated then the unit can be recognised.
- 4.5 The RTO is not obliged to issue a qualification or Statement of Attainment that is achieved wholly through recognition of units and/or modules completed at one or more other RTOs.
- 4.6 Credit Transfer will be awarded where verified evidence has been provided for a whole qualification or unit of competency required for the course for which the applicant has

applied. Where a mapping guide identifies partial credit, the applicant will be advised to seek recognition of prior learning.

## 5. Responsibilities:

5.1 The student is responsible for;

- lodging the Credit Transfer application, no later than the unit commencement otherwise a cost may be incurred
- providing verified evidence or original documents that relates to the specific unit of competency that demonstrates competency achieved

5.2 The Administration Officers are responsible for processing credit transfer applications and notifying the student of the outcome within 3 weeks of receipt of evidence from the student.

5.3 The Course Coordinator is responsible for reviewing, validating authenticity of the evidence and granting credit transfer.

## 6. Procedure:

6.1 Applicants for credit transfer will be informed of the requirements and how to apply for credit transfer before commencing the course. This includes during information sessions, student interviews and in course information documents.

6.2 Students must apply for credit transfer by completing *Appendix 1: Application for Credit Transfer (CT) Form* prior to, or on commencement of, the start of the course or unit of competency.

6.3 On the form:

- a. students must supply evidence of completion of studies which may include a copy of the qualification, statement of attainment, or a record of results.
- b. the course code and title on the evidence supplied must match the intended unit of competency to ensure equivalency.

6.4 The application for Credit transfer will be authorised by an assessor who would normally qualify to assess the specific unit of competency.

6.5 The evidence provided must be authenticated by the assessor before credit is issued by either:

- a. Directly accessing the student's Unique Student Identification (USI) transcript online or
- b. Contacting the organisation that issued the qualification to determine the validity of the content.

6.6 The student will be notified of the outcome in a timely manner.

6.7 Credit transfer is recorded as CT on the student management system.

6.8 A copy of appendix 1: Application for Credit Transfer (CT) form and the validated evidence is kept in the student record.

## 7. Other Relevant Documents/Links

Appendix 2: Application for Credit Transfer (CT)

2.7 Recognition of Prior Learning (RPL)

## 8. Review:

8.1 Learning and Development. The Policy is to be reviewed by the Academic Sub-Committee no less frequently than every two years. Changes to the Policy will require approval by the ANMEC Leadership Committee.

## 9. Document History and Version Control:

<b>Last amendment:</b>	March 2022	<b>Next Review:</b>	March 2024
<b>Sponsor:</b>			
<b>Contact Officer:</b>			

<b>Version</b>	<b>Date Approved</b>	<b>Approved by</b>	<b>Brief description</b>
V6			Policy Review
7.01	07/03/22	Lisa Vertue	Major Amendment
7.02	08/03/22	Yanni Cotis	Major Amendment
7.0	08/03/22	ALC	Final

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## 2.7 RECOGNITION OF PRIOR LEARNING (RPL)

### 1. Policy Statement:

- 1.1. This policy sets out the objectives of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC).
- 1.2. This policy sets out the guidelines for Recognition of Prior Learning (RPL) required for staff and students of ANMEC and HERC.

### 2. Application:

- 2.1. This policy is applicable to:
  - The Director of Learning and Development;
  - the ANMFSA Compliance Officer;
  - the Administration Coordinator;
  - Course Managers;
  - Educators; and
  - Students

### 3. Definitions:

- 3.1. **Course Manager:** the individual responsible for a course and who has line management responsibilities for its teaching staff. The equivalent role at the Higher Education Research Centre is the Education Manager.
- 3.2. **Currency:** in VET assessment, currency is one of the four rules of evidence and relates to the age of a piece of evidence. Assessment evidence must be from the present or the very recent past to be considered current.
- 3.3. **Formal learning:** refers to learning that takes place through a structured program of instruction and is linked to the attainment of an AQF qualification or statement of attainment.
- 3.4. **Informal Learning:** refers to learning that results through experience of work-related, social, family, hobby, or leisure activities (for example, interpersonal skills developed by working in sales)
- 3.5. **Non-formal Learning:** refers to learning that takes place through a structured program of instruction but does not lead to the attainment of an AQF qualification or statement of attainment (for example, continuing professional development workshops conducted in house by a business)
- 3.6. **Very recent past:** The rules of evidence require assessment evidence to have occurred in the very recent past. This can vary by industry and the definitions of very recent past are found in procedure 2.7.1 Recognition of Prior Learning.

#### 4. Principles:

- 4.1. ANMEC and HERC will provide any potential or current student the opportunity to access the RPL process.
- 4.2. The RPL process will recognise formal, non-formal, and informal learning regardless of how and where it was acquired, provided that the learning is relevant to the pertinent competencies.
- 4.3. The RPL process will recognise formal, non-formal, and informal learning that is current or which has occurred in the very recent past.
- 4.4. The RPL process will be fair and transparent with a timeframe shorter than the length of the course for which the student is applying.
- 4.5. The RPL process will be consistent with the AQF national principles including the provision of various forms of credit.
- 4.6. RPL assessments will be based on evidence, with that evidence meeting the requirements of the Rules of Evidence from the Standards for RTOs 2015.
- 4.7. RPL assessments will be equitable, culturally inclusive, and accommodate reasonable adjustments.
- 4.8. RPL assessment tools will be quality assured to ensure RPL assessment processes meet the requirements of policy 4.6 Assessment.
- 4.9. Applicants who have submitted an RPL application have the right to complaints and appeals processes as detailed in policy 3.5 Complaints and policy 3.6 Appeals.

#### 5. Responsibilities:

- 5.1. **Director of Learning and Development:** Determine and implement ANMEC's strategy for meeting the requirements of this policy. Monitor direct reports to ensure their compliance with the policy.
- 5.2. **Compliance Officer:** Ensure that assessment tools used as part of RPL assessments are validated. Update RPL procedure in response to feedback.
- 5.3. **Administration Coordinator:** Monitor the application of this policy and its associated procedure by direct reports. Ensure applicants for RPL receive communications and necessary documentation in a timely manner and are provided with information related to their RPL assessment.
- 5.4. **Course Managers:** Conduct the RPL assessment and liaise with the applicant to obtain relevant evidence.
- 5.5. **Applicant:** The applicant is responsible for attending any in-person interviews or assessments required, the preparation of evidence and for submitting any further evidence that is requested by the due date.

## 6. Procedures:

- 6.1. The Recognition of Prior Learning process will follow the procedure outlined in 2.7.1 Recognition of Prior Learning.

## 7. Other Relevant Documents/Links

- 7.1. This policy is designed to be in compliance with ASQA standards:
- a) 1.8
  - b) 1.12
- 7.2. This policy is designed to be in compliance with ANMAC standards:
- a) 1.8
- 7.3. Related ANMEC policies and procedures:
- a) 2.6 Credit Transfer
  - b) 3.5 Complaints
  - c) 3.6 Appeals
  - d) 4.6 Assessment
  - e) 4.6.1 Assessment Validation Procedure
- 7.4. This policy is also in alignment with the AQF Qualifications Framework (2013) and the Australian Qualifications Framework Implementation Handbook (2007).

## 8. Review:

- 8.1. It is the responsibility of each employee to ensure that they are aware of changes and updates to policies. All employees must ensure that they have the most current version of the policy.
- 8.2. This policy is to be reviewed no less frequently than every two years. Changes to this policy will require approval by the Executive Council.

## 9. Document History and Version Control:

<b>Last amendment:</b>	June 2022	<b>Next Review:</b>	June 2024
<b>Sponsor:</b>	Compliance Officer		
<b>Contact Officer:</b>	Compliance Officer		

Version	Date Approved	Approved by	Brief description
8	April 2020	Executive Council	Policy Review
9.0	29/06/2022	Compliance Officer	Major Amendments

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## 2.8 WORKSHOP REGISTRATION

### 1. Purpose:

- 1.1. This policy sets out the objectives of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC).
- 1.2. This policy sets out the guidelines for workshop registration, required for staff and students of ANMEC and HERC, and relates primarily to short courses (accredited or non-accredited) which may be delivered by ANMEC or HERC as part of a CPD program.

### 2. Application:

- 2.1. This policy is applicable to:
  - All staff and students

### 3. Definitions:

- 3.1. For Terminology refer to the document ANMEC HERC Policy Manual 2020
- 3.2. Participant – a person who has completed and lodged a registration form and made payment in order to attend a workshop.
- 3.3. Workshop – a discrete session on a given topic provided on a fee-for-service basis.

### 4. Policy Statement:

- 4.1. Participants must register at least 5 working days prior to the workshop.

### 5. Responsibilities:

- 5.1. Participants must provide the required information before being issued with a Statement of Attainment and by the due date.

### 6. Procedures:

- 6.1. Registration will consist of the completion of an online registration form.
- 6.2. A statement of attendance will be provided to each participant who completes the workshop.
- 6.3. Where there is a unit of competency from a national training package associated with the workshop, a statement of attainment (if applicable) will be issued to participants who successfully complete all the requirements and have provided a valid Unique Student Identifier.

### 7. Other Relevant Documents/Links

- |      |                           |
|------|---------------------------|
| 2.9  | Cancellation of workshops |
| 2.10 | Workshop Refunds          |
| 3.3  | Workshop Fees             |

### 8. Review:

- 8.1. This Policy is to be administered by the Head of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

## 9. Document History and Version Control:

<b>Last amendment:</b>	March 2020	<b>Next Review:</b>	March 2022
<b>Sponsor:</b>			
<b>Contact Officer:</b>			

Version	Date Approved	Approved by	Brief description
V4			Policy Review
<b>File Pathway: RecFind - ANMEC FILES– Compliance – Policy and Procedures – Enrolment – 4.1 Workshop Registration</b>			

## 2.9 CANCELLATION OF WORKSHOPS

### 1. Purpose:

- 1.1. This policy sets out the objectives of the Australian Nursing and Midwifery Education Centre ANMEC and the Health Education and Research Centre (HERC).
- 1.2. This policy sets out the guidelines for the cancellation of workshops required for staff and students of the Australian Nursing and Midwifery Education Centre (ANMEC) and relates to short courses (accredited and non-accredited) delivered by ANMF as part of local CPD Programs.

### 2. Application:

- 2.1. This policy is applicable to:
  - All staff and students

### 3. Definitions:

- 3.1. For Terminology refer to the document ANMEC HERC Policy Manual 2020
- 3.2. Participant – a person who has completed and lodged a registration form and made payment in order to attend a workshop.
- 3.3. Workshop – a discrete session on a given topic provided on a fee-for-service basis.

### 4. Policy Statement:

- 4.1. ANMEC and HERC reserve the right to cancel a workshop due to unforeseen circumstances or if the number of registrations is insufficient.

### 5. Responsibilities:

- 5.1. Participants will be informed of the cancellation of a workshop
  - 4 working days before the workshop is scheduled where there are insufficient registrations
  - As soon as the decision to cancel has been made if due to unforeseen circumstances

### 6. Procedures:

- 6.1. Workshops will not be conducted if the number of participants is below a level which is determined by Management.
- 6.2. If the number of registered participants 7 working days before a workshop is scheduled is below a level which is determined by Management, registered participants will be notified of the cancellation of the workshop 4 working days before the workshop is scheduled.
- 6.3. If a workshop is cancelled due to unforeseen circumstances, registered participants will be contacted as soon as possible.

### 7. Other Relevant Documents/Links

- 2.8 Workshop Registration
- 2.10 Workshop Refunds
- 3.3 Workshop Fees

## 8. Review:

8.1. This Policy is to be administered by the Head of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

## 9. Document History and Version Control:

<b>Last amendment:</b>	April 2020	<b>Next Review:</b>	April 2022
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V5		Lea Hague	Policy Review
<b>File Pathway: RecFind - ANMEC FILES– Compliance – Policy and Procedures – Training and Assessment – 4.4 Cancellation of Workshops Policy</b>			

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## 2.10 WORKSHOP REFUNDS

### 1. Purpose:

- 1.1. This policy sets out the objectives of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC).
- 1.2. This policy sets out the guidelines for workshop refunds required for staff and students of ANMEC and HERC and applies to short courses (accredited and non-accredited) which are offered as part of ANMF CPD Programs.

### 2. Application:

- 2.1. This policy is applicable to:
  - All staff and students

### 3. Definitions:

- 3.1. For Terminology refer to the document ANMEC HERC Policy Manual 2020
- 3.2. Participant – a person who has completed and lodged a registration form and made payment in order to attend a workshop.
- 3.3. Workshop – a discrete session on a given topic provided on a fee-for-service basis.

### 4. Policy Statement:

- 4.1. A full refund of fees paid may be provided where a participant gives more than 5 working days' notice of non-attendance.

### 5. Responsibilities:

- 5.1. ANMEC will process refunds within 5 working days. However, in the case of a refund via a cheque this time will be extended.

### 6. Procedures:

- 6.1. ANMEC and HERC reserve the right to review individual applications for refunds on a discretionary basis.
- 6.2. Refunds will be processed within 5 working days of the approval of an application.
- 6.3. No refund will be given where a participant does not give at least 5 working days' notice of non-attendance.

### 7. Other Relevant Documents/Links

- 2.8 Workshop registration
- 2.9 Cancellation of workshops
- 3.3 Workshop fees

### 8. Review:

- 8.1. This Policy is to be administered by the Head of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

## 9. Document History and Version Control:

<b>Last amendment:</b>	April 2020	<b>Next Review:</b>	April 2022
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V6		Lea Hague	Policy Review
<b>File Pathway: RecFind - ANMEC FILES – Compliance – Policy and Procedures – Financial Processes, including Funding – 4.3 Workshop Refunds</b>			

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## 2.11 REGISTRATION OF STUDENTS

### 1. Purpose:

- 1.1. This policy sets out the objectives of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC).
- 1.2. This policy sets out the guidelines for the registration of students, required for staff and students of ANMEC and HERC.

### 2. Application:

- 2.1. This policy is applicable to:
  - All staff and students undertaking the Diploma of Nursing at ANMEC or HERC
- 2.2. The RTO will provide relevant details, taken from student enrolment forms, to AHPRA for student registration.

### 3. Definitions:

- 3.1. For Terminology refer to the document ANMEC HERC Policy Manual
- 3.2. Student – a person who has completed and lodged an enrolment form in order to undertake training.
- 3.3. Impairment is defined in the Health Practitioner Regulation National Law Act 2009, as in force in each state and territory, Section 5. Available at [Australian Health Practitioner Regulation Agency - Legislation \(ahpra.gov.au\)](http://www.ahpra.gov.au/legislation/national-law-act-2009)

### 4. Policy Statement:

- 4.1. The *Health Practitioner Regulation National Law Act 2009*, in force in each state and territory, (the National Law), requires that all students undertaking a Diploma of Nursing must be registered with the Australian Health Practitioners Regulation Authority (AHPRA), who administers the registration on behalf of NMBA.
- 4.2. ANMEC will notify the Australian Health Practitioner Regulation Agency if a student undertaking clinical training has an impairment that may place the public at substantial risk of harm.

### 5. Responsibilities:

- 5.1. The Administration Officer is required to provide AHPRA with all student enrolment details at the commencement of the Diploma of Nursing course.
- 5.2. The Administration Officer is required to inform AHPRA of a student's deferral, transfer, termination, cancellation or completion of a Diploma of Nursing within 60 days.

## 6. Procedures:

- 6.1. Under Section 88 of the National Law, ANMEC or HERC will, at the commencement of a course, leading to enrolment as a nurse provide the name, student ID, date of birth, address, commencement and anticipated completion date of students enrolled to AHPRA.
- 6.2. Student registration ends when a student completes or otherwise ceases to be enrolled in the Diploma of Nursing. ANMEC or HERC will advise AHPRA of students who complete or withdraw from their studies within 60 days.

## 7. Other Relevant Documents/Links

- 7.1. Relevant ANMEC policies:
- 2.1. Course Enrolment Policy
  - Transfer of Course Enrolment Policy
  - Deferral of Course Enrolment Policy
  - Termination of Course Enrolment Policy
  - Cancellation by Student of Course Enrolment Policy

## 8. Review:

- 8.1. This Policy is to be administered by the Head of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

## 9. Document History and Version Control:

<b>Last amendment:</b>	April 2020	<b>Next Review:</b>	April 2022
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5		Lea Hague	Policy Review
5.01	14/10/2021	Compliance Officer	Minor Amendments
5.02	03/08/2022	DLD	Minor Amendments

## Section 3 – Support and Progression

## 3.1 PAYMENT OF COURSE FEES

### 1. Policy statement

- 1.1. Students are required to pay the determined course fee consistent with their stipulated or negotiated payment schedule.

### 2. Principles

- 2.1. ANMEC and HERC will protect fees paid in advance and meet the Australian Accounting Standards.
- 2.2. Fees will be charged at a reasonable and commercial rate.
- 2.3. Fees and known costs (for example, books and uniforms) must be provided to students prior to enrolment and be incorporated into the enrolment document.
- 2.4. In accordance with ASQA Standards, in order to protect the student and the RTO. ANMEC and HERC will not accept –
  - payments which are greater than the student's agreed monthly payment schedule
  - payments ahead of the due date in the agreed monthly payment schedule
- 2.5. Required fees must be paid before any academic record, statement of attainment or course parchment is issued.

### 3. Implementation

- 3.1. Fees are reviewed annually and provided to prospective students.
- 3.2. A qualified accountant maintains the ANMF (SA & TAS Branches') accounts. Financial accounts are audited annually in accordance with Australian Accounting Standards.
- 3.3. Students must use the negotiated payment schedule.
- 3.4. Students may be excluded from participation in learning / assessment activities when payments have not been received by the due date.
- 3.5. An additional fee determined by the RTO Management may be charged for
  - renegotiation of clinical/work placements and/or clinical assessments or part thereof
  - repeating units of competency
  - copies of statements of attainment and certificates and diplomas
  - additional assessments beyond the 2 provided within course fees

- the provision of extra materials, processing and marking of work due to the student's non-attendance for assessment at a programmed time
- replacement of equipment and learning/assessment materials
- late payment of fees
- replacement of lost or damaged library books

3.6. These additional costs must be paid before the student commences any additional requirements.

#### 4. Definitions

4.1. **Course fee** – the fee determined for the course without additional costs which may be incurred during the course.

4.2. **Payment schedule** – a plan to assist the student to pay the determined course fees in instalments over the duration of the course.

4.3. **Student** – a person who has completed and lodged an enrolment form in order to undertake training.

#### 5. Roles and responsibilities

5.1. ANMEC and HERC will ensure that information contained in marketing and advertising that relates to course fees is accurate and relevant to current fees policy, and that students are informed of changes in fees prior to any course.

5.2. Students are required to inform administration as soon as possible if they are unable to make the required payments.

#### 6. Cross references

2.3 Deferral of course enrolment

2.5 Cancellation by student of course enrolment

3.2 Course refunds

Standards for Registered Training Organisations (RTOs) 2015:

- Standard 3, Clause 3.3
- Standard 5
- Schedule 6

#### 7. Administration

Authority	CEO/Secretary ANMF (SA Branch)
Date of origin	May 2007
Last reviewed	Dec 2018
Version	6
Review date	Dec 2020

## 3.2 COURSE REFUNDS

### 1. Policy statement

- 1.1 Students are entitled to a refund of course fees in line with the determined refund schedule.

### 2. Application

- 2.1 This policy is applicable to:

- Students
- Staff

### 3. Definitions

- 3.1 Course fee:** the fee determined for a course without additional costs which may be incurred during the course.
- 3.2 Student:** a person who has completed and lodged an enrolment form in order to undertake training.
- 3.3 Special circumstances:** extenuating circumstances that include, but are not limited to, medical, family/ personal or employment related reasons may be considered in the application for refund or recredit of VET Student Loans See procedure 3.2.1, appendix 3.
- 3.4 FEE-HELP Balances:** is the amount of FEE-HELP you are still able to borrow. This is equal to the maximum loan amount set by the government minus the amount of FEE-HELP loan used for any current or previous study.
- 3.5 CENSUS date:** the last date that a student can withdraw from a course without having to pay tuition fees for the current study period.

### 4. Principles

- 4.1 ANMEC and HERC will provide a fair and reasonable refund schedule which is free from bias, dishonesty and injustice.
- 4.2 All refunds will be provided in accordance with the fee and refund schedule provided to students upon enrolment.
- 4.3 For students undertaking a course externally, the commencement date will be the date of enrolment into the course.
- 4.4 Fees paid in advance will be refunded if ANMEC or HERC cancels a course or unit of study.
- 4.5 Refunds will only be granted if all due payments for the course of study have been made.
- 4.6 Recrediting of FEE-HELP balances by ANMEC will only occur if:
- a. The student applies to the provider in writing for the re-credit;
  - b. The application is made within the time periods allowed in 5.2 and 5.3; and
  - c. ANMEC is satisfied that special circumstances prevented, or will prevent, the student from completing the requirements for the course, or the part of the course,

concerned.

4.7 Students with a VET Student Loan (VSL) have the right to apply to the Secretary of the Department of Education, Skills and Employment for a recrediting of FEE-HELP balances in those circumstances described in Section 71 of the VET Student Loan Act 2016.

4.8 Students have the right to appeal decisions concerning course refunds.

4.9 No student should be victimised or discriminated against for using this policy, or associated procedures, to pursue a refund or recredit of their FEE-HELP balance.

## 5. Responsibilities

5.1 Students are responsible for ensuring applications for non-VSL refunds must be made to RTO Management in writing within 1 month of cancellation.

5.2 Students are responsible for ensuring applications for recrediting of VET Student Loans (VSL) on the basis of special circumstances occur within 12 months of the course's census date.

5.3 Students are responsible for ensuring that applications for recrediting under section 71 of the VET Student Loans Act 2016 are made to the Secretary of the Department of Education, Skills and Employment within five years of the course's census date.

5.4 The Administrative Coordinator is accountable for ensuring the responsible parties within the administrative services team fulfil those tasks assigned to them.

## 6. Procedures

6.1 Students whose course is not funded by VET Student Loans/FEE-HELP and who wish to apply for a refund should contact the ANMEC Administrative Coordinator.

6.2 Those students whose tuition fees are paid via a VET Student Loan and who wish to have their FEE-HELP balance recredited should see Procedure 3.2.1 Recrediting FEE-HELP Balances.

## 7. Review

7.1 This Policy is to be administered by the Director of Learning and Development. The Policy is to be reviewed by the Operational Sub-Committee no less frequently than every two years. Changes to the Policy will require approval.

## 8. Other Relevant Documents/Links

2.3 Deferral of course enrolment

2.5 Cancellation by student of course enrolment

3.1 Payment of course fees

6.10 Code of behaviour

3.2.1 Recrediting FEE-HELP Balances procedure

Standards for Registered Training Organisations (RTOs) 2015:

Standard 5, clause 5.3

## 9. Document History and Version Control:

<b>Last amendment:</b>	04/03/22	<b>Next Review:</b>	March 2024
<b>Sponsor:</b>	Yanni Cotis		
<b>Contact Officer:</b>	Yanni Cotis		

Version	Date Approved	Approved by	Brief description
1	2018		Review of Policy
2.01	06/03/22	Admin Coordinator	Major Amendment
2.0	08/03/22	ALC	Final

## 3.3 WORKSHOP FEES

### 1. Purpose:

- 1.1. This policy sets out the objectives of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC).
- 1.2. This policy sets out the guidelines for the payment of workshop fees required for staff and students of ANMEC and HERC and applies to the delivery of short courses (accredited and non-accredited) which may form part of the ANMF CPD Program.

### 2. Application:

- 2.1. This policy is applicable to:
  - All staff and students

### 3. Definitions:

- 3.1. For Terminology refer to the document ANMEC HERC Policy Manual 2020
- 3.2. Participant – a person who has completed and lodged a registration form and made payment in order to attend a workshop.
- 3.3. Stakeholders – a clinical worksite and/or Aged Care facility.
- 3.4. Workshop – a discrete session on a given topic provided on a fee-for-service basis.

### 4. Policy Statement:

- 4.1. Fees for workshops must be received on the day of booking the workshop for individuals or 7 days from booking for stakeholders such as Aged Care Facilities/Acute Clinical sites.

### 5. Responsibilities:

- 5.1. Participants must pay the required fee by the due date prior to the workshop

### 6. Procedures:

- 6.1. Fees will be advertised in advance of workshops.
- 6.2. Registration for a workshop is not valid without full payment of fees for the workshop prior to the workshop.
- 6.3. ANMEC and HERC will ensure that advance information about fees is available on the website, as well a paper and electronic form.

### 7. Other Relevant Documents/Links

- 2.8 Workshop registration
- 2.10 Workshop refunds
- 2.9 Cancellation of workshops

### 8. Review:

- 8.1. This Policy is to be administered by the Head of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

## 9. Document History and Version Control:

<b>Last amendment:</b>	April 2020	<b>Next Review:</b>	April 2022
<b>Sponsor:</b>			
<b>Contact Officer:</b>			

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V4		Lea Hague	Policy Review
<b>File Pathway : RecFind - ANMEC FILES– Compliance – Policy and Procedures – Financial Processes, including Funding – 4.2 Workshop fees</b>			

## 3.4 STUDENT SUPPORT

### 1. Policy Statement:

- 1.1. This policy sets out the objective of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC) for the provision of student support with education and training.

### 2. Application:

- 2.1. This policy is applicable to:
  - All staff and students

### 3. Definitions:

- 3.1. For Terminology refer to the document ANMEC HERC Policy Manual.
- 3.2. Student – a person who has completed and lodged an enrolment form in order to undertake their chosen course.

### 4. Principles:

- 4.1. ANMEC and HERC are committed to the provision of access and equity for all students by providing all reasonable support and resources consistent within the range of supports set out in this document.
- 4.2. ANMEC and HERC are committed to supporting all students throughout their enrolment and training, by providing a diverse range of personal, academic and professional support services at no additional cost to students within reason.
- 4.3. ANMEC and HERC recognise and have support in place for Aboriginal and Torres Strait Islander students and students from culturally, socially and linguistically diverse backgrounds.
- 4.4. ANMEC and/or HERC educators have processes in place to support the early identification of students not achieving academic learning outcomes or who have conduct issues
- 4.5. Students have a responsibility to identify any learning needs prior to enrolment in training and education courses.
- 4.6. Specifically for the Diploma of Nursing: ANMEC staff will notify the Nursing and Midwifery Board Australia (NMBA) if a student has a clinical impairment that may place the public at substantial risk

#### 4.7. Types of Student Support Services available:

- Student Administration Support:
  - Course information
  - Funding availability and eligibility
  - Application and admissions
  - Enrolments, re-enrolments and change of enrolments
  - Student orientation programs
  - Student ID cards
  - Course timetables
  - Transfers, deferral and withdrawal processes
  - Student records
  - Form clarification
  - Academic results and qualifications
  - Tuition fees, invoices, receipts and payment agreements
- Academic and Learning Support
  - Additional classes and teaching sessions as per the course timetable
  - Alternative adjustments for learning and assessment
  - Skills lab technical and practical support
  - Preliminary academic writing and study skills
  - Language, literacy and numeracy support
  - Learning support plans
- Non-academic and Welfare Support:
  - Course planning and time management
  - Identifying learning barriers
  - Policy / procedure clarification
  - Healthy study habits
- Referral to external agencies for support with:
  - General healthy and well being
  - Mental health
  - Legal advice
  - Financial options
  - Harassment and trauma
  - Handling conflict
  - Immigration and visa enquiries
- Information Literacy support:
  - Accessing and using information resources
  - Developing digital literacy skills
  - Accessing online resources including email, website and LMS
  - Academic writing
  - Copyright information and use of citation tools transfer of the above skills into workplace environments
- Information Technology Support:
  - Network access including student email/website and LMS
  - Printing, copying and scanning facilities
  - WIFI access
- Web based Information Systems Support:
  - Student website maintenance

- Student portal access and maintenance

## 5. Responsibilities

- 5.1. **Director of Learning and Development:** Determine and implement ANMEC's strategy for meeting the requirements of this policy.
- 5.2. **Course Managers:** Act on information provided by students in relation to their support needs.
- 5.3. **Educators:** Provide information to Course Managers regarding students support needs.

## 6. Procedures:

- 6.1. Students are informed of the Support Services available at enrolment.
- 6.2. Students whose needs change during their course of study need to discuss such changes with the Course Manager.
- 6.3. Students must notify the Course Manager at least 4 weeks prior to any such programmed assessment or examination if they wish to have any special needs met in respect to assessments or examinations.
- 6.4. Students will be informed of any changes made to their training as soon as practicable.
- 6.5. Students with special needs have a responsibility to:
  - a) declare all known issues, and request support prior to commencing the program, opportunity is provided with the Expression of interest application and the Upfront Assessment of Need interview;
  - b) carefully consider their capacity to achieve the competencies stated for any qualification/course or unit of competency;
  - c) Utilise the support services and procedures that are in place to assist their learning and to facilitate their assessments;
  - d) Abide by all ANMEC and HERC policies and procedures including those related to the Code of Behaviour; and
  - e) Cooperate with and facilitate normal classroom processes and procedures.
- 6.6. Applicants or students who are dissatisfied with the services offered by ANMEC or HERC are encouraged to utilise the complaints and appeals processes.

## 7. Other Relevant Documents/Links:

- 7.1. Relevant ANMEC Policies:
- Complaints Policy
  - Appeals Policy
  - Equal Opportunity and Access Policy
  - Code of Behaviour Policy
- 7.2. Standards for Registered Training Organisations (RTOs) 2015:
- Standard 1
- 7.3. ANMAC Standards:
- Standard 3
  - Standard 6

## 8. Review:

- 8.1. This Policy is to be administered by the Head of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

## 9. Document History and Version Control:

<b>Last amendment:</b>	June 2022	<b>Next Review:</b>	June 2024
<b>Sponsor:</b>	DLD		
<b>Contact Officer:</b>	Compliance Officer		

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1	2001	CEO/Secretary ANMF(SA Branch)	First Version
7	Dec 2018	CEO/Secretary ANMF (SA Branch)	Review
8	June 2020	HoLD	Review / Reformat
9.1	23/06/2022	DLD	Major Amendments
9.2	29/06/2022	Executive	Major Amendments

## 3.5 COMPLAINTS

### 1. Policy statement

- 1.1 Students have the right to lodge a formal complaint concerning academic and non-academic matters including services provided by ANMEC and HERC.

### 2. Application

- 2.1 This policy is applicable to:

- Students
- Staff

### 3. Definitions

- 3.1 Academic matters: This includes, but is not limited to, matters relating to student progress, assessment, curriculum, and awards for a course.
- 3.2 Non-Academic Matters: This includes, but is not limited to, matters relating to enrolment in a course, personal information held by the provider, the quality of administrative support, the conduct of staff, other students, and/or third parties.

### 4. Principles

- 4.1 The complaint process will ensure the principles of natural justice and procedural fairness are adopted at every stage of the complaints process.
- 4.2 The complaints process and associated procedures will be publicly available.
- 4.3 Complaints are to be acknowledged in writing.
- 4.4 Students have a right to access records associated with the complaints process, but otherwise those records are to be kept confidential.
- 4.5 ANMEC and HERC will work to ensure the timely resolution of complaints and will clearly communicate timelines for each stage of the complaints process to the student.
- 4.6 Students will not be charged for any stage of the complaints process.
- 4.7 Students have the right to progress a complaint to an external body.
- 4.8 Any recommendations by an external body should be formally considered and responded to by the Director of Learning and Development.
- 4.9 No student should be victimised or discriminated against for using this policy, or associated procedures, to pursue a complaint.
- 4.10 Complaints involving criminal matters or matters covered by mandatory reporting requirements will be referred to the appropriate authorities.
- 4.11 Students have the right to appeal the outcome of the complaints process.

### 5. Responsibilities

- 5.1 The student is responsible for initiating the complaint process and for engaging in good faith with all subsequent steps as outlined in 1.8.1 Complaints Procedure.

5.2 The student and the respondent are responsible for constructively working towards a resolution of the complaint.

5.3 The Director of Learning and Development (or their proxy) is responsible for the correct administration of the complaints procedure once the complaint is lodged.

## 6. Procedures

6.1 Students wishing to submit a complaint and staff and students otherwise engaging with this process should see 3.5.1 Complaints Procedure for a step-by-step explanation of the complaints procedure.

## 7. Review

7.1 This Policy is to be administered by the Director of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

## 8. Other Relevant Documents/Links

- 3.6 Appeals
- 6.10 Code of behaviour

## 9. Document History and Version Control:

<b>Last amendment:</b>	04/03/22	<b>Next Review:</b>	March 2024
<b>Sponsor:</b>	Yanni Cotis		
<b>Contact Officer:</b>	Yanni Cotis		

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6		Lea Hague	Review of Policy
6.1	14/10/21	Compliance Officer	Minor Amendment
7.01	03/03/22	Compliance Officer	Major Amendment
7.02	04/03/22	Compliance Officer	Major Amendment
7.0	08/03/22	ALC	Final

## 3.6 APPEALS

### 1. Policy statement

1.1 Students or applicants have the right to lodge an appeal against any ANMEC or HERC decision.

### 2. Application

2.1 This policy is applicable to:

- Students
- Staff

### 3. Definitions

3.1 Appeal: A process whereby a client or other interested party may dispute any academic or non-academic decision made by ANMEC or HERC.

3.2 Process: The actions and steps outlined in ANMEC policy and procedure. i.e. the course enrolment process is the combined actions and steps outlined in the ANMEC course enrolment policy and associated procedures.

3.3 Appellant: The student or applicant pursuing an appeal.

3.4 Respondent: The respondent is the subject of a complaint and appeal.

### 4. Principles

- 4.1 The appeals process will ensure the principles of natural justice and procedural fairness are adopted at every stage.
- 4.2 Applicants and students must be informed of their right to appeal.
- 4.3 The appeals process and associated procedures will be publicly available.
- 4.4 Appeals are to be acknowledged in writing.
- 4.5 Students have a right to access records associated with the appeals process, but otherwise those records are to be kept confidential.
- 4.6 ANMEC will work to ensure the timely resolution of appeals and will clearly communicate timelines for each stage of the appeals process to the appellant.
- 4.7 Students will not be charged for any stage of the appeals process.
- 4.8 Appeal decisions granted in favour of the appellant will be implemented by the ANMEC CEO (or their proxy) as soon as practicable.
- 4.9 Students have the right to request a review of an appeal outcome to an external body.
- 4.10 Any review of an appeal by an external body should be formally considered and responded to by the ANMEC CEO (or their proxy).
- 4.11 No student should be victimised or discriminated against for using this policy, or associated procedures, to pursue an appeal.

## 5. Responsibilities

- 5.1 The student is responsible for initiating the appeal process and for engaging in good faith with all subsequent steps as outlined in 1.8.1 Complaints Procedure.
- 5.2 The ANMEC CEO (or their proxy) is responsible for the correct administration of the appeals procedure once the appeal is lodged.

## 6. Procedures

- 6.1 Students dissatisfied with the outcome of a formal complaint are informed of their right to appeal (as per 1.8.1 Complaints Procedure). A student who wishes to exercise this right should lodge their appeal within ten business days of their receipt of the outcome.
- 6.2 Students who are dissatisfied with the outcome of an application for the re-crediting of a FEE-HELP balance are informed of their right to appeal (as per 3.2.1 FEE-HELP Balances Procedure). For FEE-HELP appeals, students have 28 days from their receipt of the outcome to lodge their appeal.
- 6.3 To lodge an appeal the appellant must submit their reasons for the appeal in writing to the Director of Learning and Development, or from their ANMEC email address to [training@anmfsa.org.au](mailto:training@anmfsa.org.au)
- 6.4 Once informed of the appeal, the ANMEC CEO (or their proxy) will then:
  - a. Appoint a panel to assess the appeal.
  - b. Assign a member of the panel to chair the meeting.
  - c. Organise for a meeting of this panel to be held within ten business days of the receipt of the appeal from the appellant.
  - d. Notify the appellant (and if applicable the respondent) of the date, time, and location of the appeal panel's meeting and inform them
    - i. that they may attend and
    - ii. that they have the right to be accompanied by a support person at their own expense.
  - e. Provide an opportunity prior to the meeting for the members of the appeal panel to appoint one or more appropriately qualified persons to assist it on any matters of law, procedure, or technical expertise.
- 6.5 At the meeting members will:
  - a. Declare conflicts of interest prior to the beginning of the meeting;
  - b. Shall record the proceedings of the meeting, including the consideration of any evidence presented at the meeting;
  - c. Shall determine an outcome of the appeal and record the reasons for its determination;
  - d. Shall advise the ANMFSA CEO (or their proxy), of its determination.
- 6.6 Once the ANMFSA CEO (or their proxy) is advised by the appeal panel of its determination, the CEO must inform the appellant (and, if applicable, the respondent), in writing, of the determination, and reasons for the determination, of the panel. This

communication should also inform the appellant of their right to ask to have the appeal panel's decision reviewed by an external party.

6.7 If the determination of the appeals panel does not resolve the concerns of the appellant, the appellant (as noted in 6.4) has the right to appeal to an external party. In this case the ANMFSA CEO (or their proxy) should advise the appellant to contact the Office of the Training Advocate to pursue a review of the appeal panel's determination. For VET Student Loans, FEE Help re-crediting external appeals, please see Appendix 1. Appeal to the Administrative Appeals Tribunal.

6.8 If the appellant pursues further review with the Office of the Training Advocate, the ANMFSA CEO (or their proxy) should ensure, within the limits of their ability to control, that:

- a. There is provision for each party to the external review to be accompanied or assisted by another person at the review, at that party's cost; and
- b. Each party be given written notice of the decision on review, including the reasons for the decision.

6.9 All records associated with the appeals process should be kept and maintained as per the principles and procedures outlined in policy 3.5 and procedure 3.5.1.

## 7. Other Relevant Documents/Links

- 6.10 Code of behaviour Policy
- 3.5 Complaints Policy
- Appendix 3. Appeal to the Administrative Appeals Tribunal (AAT)

## 8. Document History and Version Control:

<b>Last amendment:</b>	04/03/22	<b>Next Review:</b>	March 2024
<b>Sponsor:</b>	Yanni Cotis		
<b>Contact Officer:</b>	Yanni Cotis		

Version	Date Approved	Approved by	Brief description
6		Lea Hague	Review of Policy
6.1	14/10/21	Compliance Officer	Minor Amendment
7.01	03/03/22	Compliance Officer	Major Amendment
7.02	04/03/22	Compliance Officer	Major Amendment
7.0	08/03/22	ALC	Final

## 3.7 INTERVENTION

### 1. Purpose:

- 1.1. This policy sets out the objectives of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC).
- 1.2. This policy sets out the guidelines for the intervention strategy required by staff for students of ANMEC and HERC.

### 2. Application:

- 2.1. This policy is applicable to:

- All staff and students

### 3. Definitions:

- 3.1. For Terminology refer to the document ANMEC HERC Policy Manual
- 3.2. Student – a person who has completed and lodged an enrolment form in order to undertake training
- 3.3. Course Progress – monitoring, recording and assessing of a student's progress in relation to the course in which the student is enrolled.

### 4. Policy Statement:

- 4.1. The intervention strategy guidelines have been produced to assist Educators in determining how to assist students at risk of not satisfactorily meeting course progress requirements.
- 4.2. Satisfactory Course Progress is defined as;
  - Meeting assessment due dates as set in Course Progression Logs;
  - Compulsory attendance for clinical placement
  - 80% minimum attendance required for course unit class time.
- 4.3. An intervention strategy must be activated where the student is failing to meet these specified course progression requirements and is in breach of Policies.
- 4.4. ANMEC and HERC recognise that:
  - The RTO establishes the needs of the students and deliver services to meet those needs
  - It has a responsibility to provide the learners with training, assessment and support services that meet their individual needs
  - All students have an equal opportunity to gain all graduate competency outcomes regardless of the mode of course delivery

### 5. Procedures:

- 5.1. On identifying an issue, the Educator and/or Course Coordinator makes an appointment with the student to discuss and put an intervention strategy into place.

- 5.2. The Educator and/or Coordinator and the student are to agree on an action plan and a follow-up date.
- 5.3. Students are required to sign any intervention documentation to acknowledge they have had a discussion with their Educator and/or Coordinator and agree with the recommendations.
- 5.4. Intervention documentation is to be given to the Course Coordinator for review and any further action.
- 5.5. The intervention documentation, including the LLN Support forms if required, will be saved on the student management system.

## 6. Responsibilities:

- 6.1. The Course Coordinator is responsible for monitoring current Intervention Plans.
- 6.2. Students have a responsibility to:
- contact their Educator or Course Coordinator at their earliest convenience if they are experiencing any difficulties
  - conduct themselves in a responsible manner while at the ANMF or any other designated point of delivery
  - abide by the policies and rules of any host organisations
  - contact their course coordinator if they have extenuating circumstances and need to defer their course
  - follow any assistance recommended to them by their course mentor and/or coordinator

## 7. Other Relevant Documents/Links

- 3.4 Student Support  
4.2 Course Progress  
6.10 Code of Behaviour

Standards for Registered Training Organisations (2015):

- Standard 1  
Standard 3

## 8. Review:

- 8.1. This Policy is to be administered by the Head of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

## 9. Document History and Version Control:

<b>Last amendment:</b>	June 2020	<b>Next Review:</b>	June 2022
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3			Review and reformat of policy
2	Dec 2018	CEO/Secretary ANMF (SA Branch)	
<b>File Pathway: RecFind - ANMEC FILES- Compliance – Policy and Procedures – Student and Staff Support – 2.17 Intervention Policy</b>			

## 3.8 NOTIFICATION OF SIGNIFICANT EVENT

### 1. Purpose:

1.1. This policy sets out the guidelines for the notification of significant events, required for staff and students of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC).

### 2. Application:

2.1. This policy is applicable to:

- All staff and students

2.2. It is a condition of registration that a registered training organisation (RTO) must notify relevant authorities and government funding bodies and/ or departments about any:

- Materials changes that occur to its management or operations, or;
- Events that would significantly affect its ability to comply with VET Quality Framework or any state or federal contract or agreement

2.3. Relevant authorities include;

- Australian Skills Quality Authority (ASQA)
- Australian Nursing & Midwifery Accreditation Council (ANMAC)
- Skills Tas
- VET Student Loans (VSL)
- Australian Health Practitioner Regulation Agency (AHPRA)
- Department for Innovation and Skills SA - (WorkReady)

### 3. Definitions:

3.1. **VET** – Vocational Education and Training

**CEO** – Chief Executive Officer

**VET Quality Framework** – The vocational education and training (VET) Quality Framework is aimed at achieving greater national consistency in the way providers are registered and monitored and in how standards in the vocational education and training (VET) sector are enforced.

3.2. The VET Quality Framework comprises:

- The Standards for National VET Regulator (NVR) Registered Training Organisations
- The Fit and Proper Person Requirements
- The Financial Viability Risk Assessment Requirements
- The Data Provision Requirements, and
- The Australian Qualifications Framework

### 4. Policy Statement:

4.1. ANMEC and HERC are obliged and committed to ensure all relevant regulatory and government bodies are notified in a timely manner regarding any significant events that affect the operations of the RTOs.

## 5. Responsibilities:

5.1. RTO Management is responsible for –

- Raising the possibility of a significant event with the appropriate senior management providing evidence that relates to the specific event / change
- Seeking authorisation to notify
- Lodging the application in a timely manner
- Keeping the documentation for a period of thirty (30) years
- Providing any further evidence requested by senior management, including assessment of the change or event, within the specific timeframe

## 6. Procedures:

- 6.1. Potential changes or events will be assessed for their significance.
- 6.2. Application for notification will be authorized by the CEO or delegate.
- 6.3. Application for notification will be made prior to or on commencement of the change in a timely manner.
- 6.4. Notifications of significant events will be saved electronically on the share drive or other suitable filing system for a period of thirty (30) years.

## 7. Other Relevant Documents/Links/Cross references

RTO standard 8

## 8. Review:

- 8.1. This Policy will be reviewed and updated in order to maintain compliance. This Policy is to be administered by the Head of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

## 9. Document History and Version Control:

<b>Last amendment:</b>	Feb 2020	<b>Next Review:</b>	July 2022
<b>Sponsor:</b>			
<b>Contact Officer:</b>			

<b>Version</b>	<b>Date Approved</b>	<b>Approved by</b>	<b>Brief description</b>
V8	04.03.2020	Lea Hague	Reformatted ANMEC/HERC

## 3.9 LIBRARY

### 1. Policy statement

- 1.1. ANMEC and HERC will provide access to a library and specialised information service for current students.

### 2. Principles

- 2.1. The libraries will endeavour to provide access to information from a variety of sources in a selection of formats suitable to the differing needs of its clients.
- 2.2. The library services will respond to people's information and learning needs and manage the use, access, retrieval, dissemination, preservation, storage and organisation of this information.

### 3. Implementation

- 3.1. The libraries will be open from 9:00 am to 5.00 pm Monday to Friday and provide the following services for students:
  - provision and borrowing of resources, both electronic and hard copy
  - information literacy support
  - assistance with information searches
  - an understanding of copyright law

### 4. Roles and responsibilities

- 4.1. ANMF (SA & TAS Branches) are responsible for providing appropriate staff to the library services.
- 4.2. The library staff are responsible for the flow of resources and have the right to question the use of resources.
- 4.3. Users of the libraries are obliged to adhere to the libraries' procedures for borrowing and use of information technology.
- 4.4. Users of the libraries will be charged a replacement cost of any resource damaged or not returned.

### 5. Cross references

ANMEC policies:

- 3.12 Use of equipment and facilities by students
- 3.13 Information technology for students
- 6.10 Code of behaviour

NMBA Standards:

- Standard 1.4

Standards for Registered Training Organisations (2015):

- Clauses 1.1 – 1.4

Clause 1.7  
Clauses 5.1 – 5.4  
Standard 1 (Clauses 1.5 – 1.6)  
Clause 8.3  
Clauses 2.3 – 2.4

## **6. Administration**

Authority CEO/Secretary ANMF (SA Branch)  
Date of origin December 2008  
Last reviewed Dec 2018  
Version 6  
Review date Dec 2020

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## 3.10 LIBRARY COLLECTION DEVELOPMENT

### 1. Purpose

- 1.1. The Librarians will consult with the ANMEC and HERC staff to support the objectives of the ANMF SA and TAS Branches and reflect the professional interests of members, staff and students in the development of the library collections.

### 2. Principles

- 2.1. The library collections will be contemporary and meet the needs of members, staff and students.

### 3. Implementation

- 3.1. Consultation with education staff is required in the selection and acquisition of resources to support their professional educational responsibilities. This includes the development of online guides and resources to support changes in delivery methods; plus an acknowledgment of different learning styles within the student body.
- 3.2. Recommendations from other staff, members and students will be considered against determined selection criteria.

### 4. Roles and responsibilities

- 4.1. The Librarians are responsible for the development and maintenance of the library collections.
- 4.2. Staff, members and students are responsible for providing input in relation to the library collections.

### 5. Cross references

- 6.10 Code of behaviour  
ANMAC: Standard 1.4

### 6. Administration

Authority	CEO/Secretary ANMF (SA Branch)
Date of origin	December 2008
Last reviewed	Dec 2018
Version	3
Review date	Dec 2020

## 3.11 RECORDS MANAGEMENT

### 1. Policy statement

- 1.1. This policy sets out the aims of ANMEC and HERC (the provider) in regard to their conduct of record management practices that support the continuous improvement of their service provision and compliance with the Standards for RTOs 2015 (the Standards), the Enrolled Nurse Accreditation Standards 2017 (the ENAS), the VET Student Loans Act 2016 (the Act), the VET Student Loan Rules 2016 (the Rules), the Australian Privacy Principles, and relevant State and Commonwealth Legislation.

### 2. Application

- 2.1. This policy is applicable to:
  - Director Education, Aged Care and Research;
  - Course Managers;
  - Administrative Services Officers;
  - The ANMFSA Compliance Officer; and
  - Educators.

### 3. Definitions

- 3.1. **Record:** A record is information in any format created, received, and maintained as evidence and information by an organisation or person, in pursuance of legal obligations or in the transaction of business.
- 3.2. **Stored securely:** A record is stored securely when it is safeguarded to avoid exposure, damage or destruction by inadvertent deletion, theft, fire, flood, vermin or pests.
- 3.3. **Course manager:** The individual responsible for a course and who has line management responsibilities for its teaching staff. The equivalent role at the Health Education and Research Centre is the Education Manager.
- 3.4. **Stakeholder:** A stakeholder includes those groups described in policy 6.2 Stakeholder engagement, section 4.2
- 3.5. **Personal information:** Information about an individual whose identify is apparent or can be reasonably ascertained from the information.

## 4. Principles

- 4.1. The provider will develop, maintain and update as appropriate, procedures and processes to ensure a systematic approach is taken to the collection and storage of the records and data specified by this policy.
- 4.2. The provider will take all necessary steps to ensure that records are stored securely, in an organised fashion that is easily accessible and available for audit whether internal or external.
- 4.3. The provider will ensure that records, documents, and/or information that is required by the Standards, the ENAS, the Act, the Rules or other guidelines or legislation to be made publicly available is available on the ANMF SA and TAS website and does not require the use of personal information to access.
- 4.4. The provider will ensure that records, documents, and/or information that is required by the Standards, the ENAS, the Act, the Rules or other guidelines or legislation to be kept confidential, will be stored in such a way as to be available only to those parties for whom access is necessary.
- 4.5. The provider will ensure that all fees received from students are receipted and that all refunds are appropriately recorded.
- 4.6. To ensure compliance with the Standards, the provider will maintain, and store securely, the following as records for at least five years:
  - a) records of engagement with industry and other stakeholders, including minutes of meetings;
  - b) records of quality and performance indicators, including validation documentation, course evaluation documentation, and the data and summaries of the quality indicator annual survey;
  - c) records of engagement with students; including minutes of meetings;
  - d) written agreements, and any addendums to agreements, with third party providers;
  - e) information on staff, including training, qualifications, and curriculum vitae.
- 4.7. To ensure compliance with the Act and the Rules, the provider will retain, and store securely, the following as records for at least seven years:
  - a) information collected in the process of satisfying identity, citizenship, visa status, and sighting of a national police certificate;

- b) documents obtained or assessments undertaken for the purposes of determining a student's academic suitability;
  - c) students' language, literacy and numeracy (LLN) assessments and results;
  - d) information and documents collected for the purposes of, or in relation to, an application by students for a VET Student Loan (VSL);
  - e) information provided to students prior to enrolment as specified in section 98 of the Rules;
  - f) if applicable; the day and time the student gives the provider their application for a VSL;
  - g) records of a student's enrolment, including the day and time the student enrolls in the course or part of the course;
  - h) all correspondence between the provider and the student (or the student's parent or guardian) in relation to the course, including notices issued to the student;
  - i) information related to the conduct and outcome of each use of the provider's grievance processes, i.e. student complaints and appeals;
  - j) the census days and tuition fees for approved courses;
  - k) a copy of each version of a policy, procedure, and/or process required to fulfil the requirements of the Act and/or the Rules;
  - l) all marketing and promotional materials relating to approved courses.
- 4.8. To ensure compliance with the ENAS, the provider will retain, and store securely, the following information as records for at least five years:
- a) the Centre's governance structure;
  - b) terms of reference for all education related committees; and
  - c) a policy manual that contains the policies that govern the operations of ANMEC & HERC;
- 4.9. To ensure compliance with the Act, the Rules, and the Standards, the provider will ensure that records that contain students' personal information must:
- a) be managed in accordance with the Australian Privacy Principles;
  - b) be accessible to students;

- c) be able to be corrected by students when those records contain incorrect information;
  - d) be collected in such a way that students are aware of the potential use and disclosure of such information, including that the information may be disclosed to the Commonwealth and the VSL tuition Protection Director.
- 4.10. The provider will ensure that the following records are kept permanently:
- a) records of parchments issued to students.
- 4.11. The provider will maintain records of students' course assessments for six months or for the term of each student's enrolment (whichever is longer).
- 4.12. The provider will maintain records of code of behaviour issues for the term of the student's enrolment.

## 5. Responsibilities

- 5.1. Director of Learning, Research and Aged Care: Determine and implement ANMEC's strategy for meeting the requirements of this policy and ensuring ongoing compliance with the policy.
- 5.2. Course Managers: Ensure direct reports are in compliance with the policy. Provide example of best practice in regard to records management.
- 5.3. Administrative Services Officers and Educators: Responsible for keeping and storing the required records in locations specified in the Section 6 below, in the locations specified in other relevant policies, procedures or processes, or at the direction of their line manager.

## 6. Procedures

- 6.1. ANMEC shall maintain a SharePoint file structure that enables ease of access to the records listed in section 4.
- 6.2. To ensure access to records specified in 4.5, 4.6 a-e, 4.7 j-l, 4.8 a-c, and 4.11, top level folders will allow for easy identification of the records they contain, i.e. minutes in governance, contracts in contractual agreements.
- 6.3. Records specified in section 4.7 a-h and 4.10 will be stored in a student folder identified either by the student's name or another unique identifier such as a Student ID number.
- 6.4. ANMEC shall maintain a secure folder in its SharePoint file structure that is used for confidential information related to 4.7 i) and 4.12. Access to this folder will be

determined by the Director and be restricted to those staff who need access in order to fulfil their duties. The handling of this information must also be in compliance with the ANMF(SA) Confidentiality and Intellectual Property Policy.

- 6.5. Further to 6.4, in relation to records specified in section 4.7 (j), records related to complaints and appeals will be managed according to the policy 3.5 Complaints, section 4.4; procedure 3.5.1 Complaints, section 7.6-7.9; and policy 3.6 Appeals, sections 4.5 and 6.9.
- 6.6. All student records will be managed in accordance with policy 6.8 Privacy and Confidentiality, sections 2.4 and 6.1 and the procedures detailed in the ANMF(SA) Confidentiality and Intellectual Property Policy.
- 6.7. Records related to 4.10 will be managed in accordance with procedure 5.1.1 Issuance of Parchments, step 9.
- 6.8. Compliance with the records management policy will be audited at minimum once every two years.

## 7. Administration

- 7.1. This policy is designed to be in compliance with the Standards for RTOs (2015):
  - a) 6.1-6.6
  - b) 8.1-8.2
- 7.2. This policy is designed to be in compliance with Enrolled Nurse Accreditation Standards 2017:
  - a) 1.4-1.5
  - b) 1.8
  - c) 6.8
- 7.3. Related ANMEC policies and procedures:
  - a) 3.5 Complaints
  - b) 3.5.1 Complaints
  - c) 4.3 Training Strategy
  - d) 5.1 Issuing of Parchments
  - e) 5.1.1 Issuing of Parchments
  - f) 6.8 Privacy and Confidentiality
  - g) 6.10 Code of Behaviour
  - h) 6.11 National Police Certificate

## 8. Review

- 8.1. It is the responsibility of each employee to ensure that they are aware of changes and updates to policies. All employees must ensure that they have the most current version of the policy.

- 8.2. This policy is to be reviewed no less frequently than every two years. Changes to this policy will require approval by the Executive Council.

### 9. Document History and Version Control

<b>Last amendment:</b>	September 2022	<b>Next Review:</b>	September 2024
<b>Sponsor:</b>	Compliance Officer		
<b>Contact Officer:</b>	Compliance Officer		

Version	Date Approved	Approved by	Brief description
1	2003	CEO/Secretary	Policy creation
5	2018	CEO/Secretary	Final
6.1	21/09/22	Compliance Officer	Major Amendments
6.0	29/09/22	OSC	Final

## 3.12 USE OF EQUIPMENT AND FACILITIES BY STUDENTS

### 1. Policy Statement:

- 1.1. This policy sets out the objectives and guidelines of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC) in relation to the use of equipment and facilities required for staff and students of ANMEC and HERC in the delivery of training and education.

### 2. Application:

- 2.1. This policy is applicable to:
  - All Students
  - Staff

### 3. Definitions:

- 3.1. For Terminology refer to the document ANMEC HERC Policy Manual
- 3.2. Equipment – any tools or materials such as computers, mannequin, lifting equipment, medical supplies.
- 3.3. Facilities – any furniture, furnishings and structure.

### 4. Principles:

- 4.1. ANMEC and /or HERC are to ensure equipment and facilities are provided to support the learning environment and are to be used in accordance with instructions. Maintenance of equipment is managed via a maintenance schedule.
- 4.2. Students must not wilfully deface, damage or misuse any equipment or facility and will be required to pay for any reckless or wilful damage.
- 4.3. Vandalism or causing wilful damage to the property of the ANMFSA or ANMFTAS or of staff and students or host organisation, or any equipment provided for any learning purpose in any setting will not be tolerated and may be considered a criminal offence.

### 5. Responsibilities:

- 5.1. Educators: Are responsible to ensure equipment and facilities are safe for use and report any damage or malfunctioning equipment for repair or replacement.
- 5.2. Students: Are to correctly use equipment and facilities provided for their learning.

## 6. Procedures

- 6.1. Educators will provide appropriate supervision and information to students, related to the correct use of equipment and facilities. This includes following Safe Operating Procedures.
- 6.2. Staff should report any damage to or malfunction of equipment or facilities to ANMEC Management to facilitate repair or replacement.
- 6.3. Students should report any damage to or malfunction of equipment or facilities to the educator.
- 6.4. Students should follow all directions from staff regarding the use of facilities and equipment.

## 7. Relevant Documents/Links

- 7.1. ANMEC and ANMFSA Policies and Procedures
  - 3.9 Library
  - 3.13 Information Technology for Students Policy
  - 6.9 Workplace Health Safety Policy
  - Skills Lab Standard Operating Procedures (SOPs)
  - ANMFSA Acceptable Use of Information & Communication Technology Policy
  - Sharps Waste Management procedure
  - Sharp or Needle Stick Injury procedure
  - Automated External Defibrillator (AED) procedure
  - Using the Compressor (Oxygen and Medical Air flow) procedure
  - Manikin Maintenance procedure
- 7.2. Standards for Registered Training Organisations (RTOs) 2015
  - 1.1-1.4
  - 1.7
  - 2.3-2.4
  - 4.1
  - 5.1
- 7.3. ANMAC Enrolled Nurse Accreditation Standards 2017:
  - 7.1
  - 8.2
  - 9.6

## 8. Review

- 8.1. This Policy will be reviewed and updated in order to maintain compliance. This Policy is to be administered by the Director of Learning and Development.
- 8.2. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

## 9. Document History and Version Control:

<b>Last amendment:</b>	May 2020	<b>Next Review:</b>	October 2021
<b>Sponsor:</b>			
<b>Contact Officer:</b>			

Version	Date Approved	Approved by	Brief description
5	2018	CEO/Secretary ANMF (SA Branch)	
6			Policy Review
7	29.09.20	Executive	
8.1	23/06/2022	DLD	Major Amendments
8.2	29/06/2022	Executive	Major Amendments

## 3.13 INFORMATION TECHNOLOGY FOR STUDENTS

### 1. Policy statement

- 1.1. ANMEC and HERC will provide information technology and equipment for use by students as required during their course. This policy needs to be read and applied in conjunction with the ANMF (SA & TAS Branches) ICT Policies on the website.

### 2. Principles

- 2.1. Information technology will be provided for use by students.
- 2.2. Equipment will be available during library hours.
- 2.3. Equipment will be maintained in working order.
- 2.4. Access to consumables (for example, paper or printing) is subject to students paying any relevant costs or fees.

### 3. Implementation

- 3.1. Students are required to provide their ID cards to use information technology in the library.
- 3.2. When copyright permits, students may download copies of internet files to meet course requirements.

### 4. Definitions

- 4.1. **Information technology** – includes access to ANMEC and HERC's electronic resources, library catalogue, Internet, word processing, printing and individual storage space.
- 4.2. **Student** – a person who has completed and lodged an enrolment form in order to undertake training.

### 5. Roles and responsibilities

- 5.1. Students must not use information technology for any purposes other than those related to their course of study. This includes the use of sites such as Facebook, eBay, YouTube.
- 5.2. Students who abuse information technology privileges may be banned from further use.

### 6. Cross references

- 3.12 Use of equipment by students  
ANMFSA Acceptable Use of ICT Policy (ANMF(SA) Branch)

### 7. Administration

Authority	CEO/Secretary ANMF (SA Branch)
Date of origin	July 2009
Last reviewed	Dec 2018

Version 5

Review date

Dec 2020

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## Section 4 – Training and Assessment

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## 4.1 COURSE ATTENDANCE

### 1. Policy Statement:

- 1.1. This policy sets out the aims of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC) (the provider) regarding the course attendance and engagement monitoring requirements for students.
- 1.2. This policy sets out the guidelines for course attendance required for staff and students of ANMEC and HERC.

### 2. Application:

- 2.1. This policy is applicable to:
  - Director Education, Aged Care and Research;
  - Course Managers;
  - Administrative Services Officers;
  - Educators; and
  - Students.

### 3. Definitions:

- 3.1. Attendance rate: The percentage of classes a student has attended throughout their period of enrolment in a course.
- 3.2. Engagement: the monitoring of students' ongoing participation of their course and, in the context of this policy, their meeting of the provider and/or third party (i.e. VSL) participation requirements.
- 3.3. Scheduled class: All classes held on the provider's premises, be it within the classroom and/or practical skills laboratory and scheduled as per the course timetable.
- 3.4. Vocational placement: A period of time spent in a vocational environment in order for the student to observe, learn and demonstrate competence as per the requirements of their course.
- 3.5. Progression form: Students must meet engagement and progression requirements to continue accessing a VET Student Loan. They do this by completing a Progression Form. For further details see the Department of Employment and Workplace Relations ['Quick Guide – Progressions'](#)

#### **4. Principles:**

- 4.1. Students will be informed of the scheduled classes and assessments they need to attend via a class timetable, training plan, and/or assessment log provided to them after commencement of the course.
- 4.2. Students will receive indicative vocational placement schedules after the commencement of the course. These indicative dates can change, and students will be informed of those changes as soon as is practically possible.
- 4.3. To be considered as having completed their course of study, students are required to attend 80% of scheduled classes and the course's required placement hours.
- 4.4. Students who receive a VET Student Loan (VSL) should be made aware of the engagement requirements and the consequences of not meeting those requirements.
- 4.5. The provider will ensure students receive the progression form required to fulfil their VSL engagement requirements and will follow up students whose engagement outcomes do not align with the records held by the provider.
- 4.6. Students are responsible for meeting all attendance and engagement requirements.
- 4.7. Further to 4.6, students' have specific responsibilities in situations where they have not or will not meet attendance and/or engagement requirements. These responsibilities are detailed in section 5, Responsibilities.

#### **5. Responsibilities:**

- 5.1. Director, Education, Aged Care and Research: Determine and implement ANMEC's strategy for meeting the requirements of this policy and ensure ongoing compliance with the policy.
- 5.2. Course Manager: Ensure direct reports are in compliance with the policy. Ensure procedures detailed below are followed.
- 5.3. Educators: Ensure procedures detailed below are followed.
- 5.4. Administrative Services Officers: Ensure that procedures related to the VSL engagement requirements are followed. Assist in other duties related to the policy as directed.
- 5.5. Students: Students have a number of responsibilities in situations where they have not or will not meet the attendance and/or engagement requirements.

#### **Scheduled classes:**

5.6. In a situation in which a student is unable to attend a scheduled class, they must notify their educator at least two hours prior to the commencement of the class. VET in Schools (VETis) students must notify both their educator and their school.

5.7. Students who miss scheduled classes are responsible for contacting their educator as soon as possible to inform them of how they intend to make up for missed content.

#### **Assessments:**

5.8. In a situation in which a student is unable to be present for a scheduled assessment or submit an assessment on time, the same contact requirements for missing a scheduled class apply (see 5.6-5.7 above). Students should further refer to policy 4.6 Assessment, sections 6.2 and 6.3.

#### **Vocational Placements**

5.9. Students who miss vocational placements have the same contact requirements for missing a scheduled class but must also contact their worksite. They should speak to their educator as soon as possible to discuss how the student can meet the course's vocational placement requirements.

#### **VET Student Loans**

5.10. Students who receive a VET Student Loan must submit a progression form when requested. See 6.10 – 6.18 for the relevant procedures.

### **6. Procedures:**

6.1. Course managers (or their proxies) will produce the documents specified in principle 4.1 and 4.2 and ensure they are made available to students during students' induction sessions.

6.2. Students who are undertaking study as part of a traineeship must abide by any attendance and/or absenteeism requirements of their training contract.

#### **Absenteeism (principle 4.3)**

6.3. Students who are absent for consecutive classes or are at risk of falling below the required attendance rate (80%) due to absences will have a discussion with their educator where they will be informed that they are 'at risk'. The educator will notify the course manager.

6.4. If a student's attendance rate falls below the 80% threshold specified in principle 4.3, the relevant course manager will be notified, and a meeting with the course manager will be scheduled to discuss the student's course progression.

- 6.5. If a student continues to be absent from class following a discussion with their educator and the subsequent meeting with the course manager, or if they fail to attend said meetings, a formal meeting will be scheduled to discuss deferral or withdrawal from the course.
- 6.6. For the full details of required contacts leading up to 6.5, please see the procedure 6.5.1 Non-Attendance. Students who do not meet the requirements of the Course Attendance policy and the Non-Attendance procedure will be withdrawn from the course
- 6.7. Students whose fees are paid through a government contract with ANMEC or HERC will have absenteeism reported if required under the terms of the contract.
- 6.8. Students who fail to attend classes, submit assessments as per their agreed training plan and / or make no contact with ANMEC or HERC, or their course manager, for 60 calendar days will be deemed to have abandoned their study and steps will be taken to withdraw them as per procedure 6.5.1 Non-Attendance.
- 6.9. For VETis students, the course manager will notify the school VET coordinators to advise them of each stage of the procedure outlined above.

#### **VSL Engagement Requirements (principles 4.4 - 4.5)**

- 6.10. In circumstances in which a student is applying for a course eligible for VET Student Loans (VSL), the students offer pack (which includes their offer letter) will include information related to VET Student Loans, including the engagement and progression requirements.
- 6.11. The engagement requirements involve students fulfilling progression milestones three times a year.
- 6.12. Within each progression period ANMEC administrative services officers (ASO) will send VSL progression forms to those students identified through the VETrak system.
- 6.13. Students have fourteen days after receiving the progression form to demonstrate their engagement (e.g. continuing, withdrawal, deferral, etc).
- 6.14. After the fourteen days the ASO will check the status of each student's progression form. The ASO will ensure that the indicated status aligns with the information the Centre has in its records.
- 6.15. If a student has not demonstrated their engagement and has let their progression form expire, they will be contacted by the ASO to inform them that:
  - They have not completed the progression form;

- they are required to complete the progression form to continue to receive VSL;
  - the consequences of not completing the progression form; and
  - if appropriate, the ASO will regenerate the progression form so that the student has another opportunity to complete it.
- 6.16. If a student does not demonstrate their engagement by completing the progression form for a second time their payments to the provider will cease. In this circumstance the ASO will again attempt to contact the student to prompt completion of the progression form.
- 6.17. If the student again fails to complete the progression form, but continues to engage with the course, the ASO will generate an invoice charging the student for the course.
- 6.18. In circumstances where a student fails to complete the progression form, but is no longer engaging with the course, the ASO will inform the course manager and initiate withdrawal proceedings as per policy 2.4 Termination of Enrolment.

## 7. Other Relevant Documents/Links

- 7.1. This policy is designed to be in compliance with the Standards for RTOs (2015):
- a) 5.2
- 7.2. This policy is designed to be in compliance with the VSL Rules 2016:
- a) Section 5(2) a, c, d
  - b) Section 34
- 7.3. Related ANMEC policies and procedures:
- a) 2.4 Termination of Enrolment
  - b) 4.6 Assessment
  - c) 6.5.1 Non-attendance
  - d) 6.10 Code of Behaviour

## 8. Review:

- 8.1. It is the responsibility of each employee to ensure that they are aware of changes and updates to policies. All employees must ensure that they have the most current version of the policy.
- 8.2. This policy is to be reviewed no less frequently than every two years. Changes to this policy will require approval by the Executive Council.

## 9. Document History and Version Control:

<b>Last amendment:</b>	April 2020	<b>Next Review:</b>	April 2022
<b>Sponsor:</b>			
<b>Contact Officer:</b>			

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Version	Date Approved	Approved by	Brief description
7			Policy Review
8.0	28/09/22	Executive	Final
8.01	29/09/22	Compliance Officer	Minor Amendments
8.02	13/10/22	ASC	Minor Amendments

## 4.2 COURSE PROGRESS

### 1. Purpose:

- 1.1. This policy sets out the objectives of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC).
- 1.2. This policy sets out the guidelines for course progress, required for staff and students of ANMEC and HERC.

### 2. Application:

- 2.1. This policy is applicable to:
  - All staff and students

### 3. Definitions:

- 3.1. For Terminology refer to the document ANMEC HERC Policy Manual
- 3.2. Course Progress – monitoring, recording and assessing of a student's progress in relation to the course in which the student is enrolled.
- 3.3. Monitoring enrolment load – the enrolments of students and their study loads are in keeping with the stipulated enrolment durations.

### 4. Policy Statement:

- 4.1. ANMEC and HERC staff are committed to monitoring, recording and assessing the course progress of each enrolled student to ensure they are able to complete their training plan within their enrolment period, subject to the student fees being up to date at all times.
- 4.2. ANMEC and HERC staff will ensure a course progress intervention strategy is implemented

### 5. Responsibilities:

- 5.1. The relevant Course Coordinator is responsible for the monitoring, recording and assessing of students' progress.
- 5.2. Staff will identify where a student tuition fee has not been paid and will confirm the student's payment plan with the Administration Officer. Where there is no plan, the Administration Officer will liaise with the student within a short timeframe. If this is unsuccessful at any stage, then the ramifications are: a) the learning management system will be suspended b) no assessment will occur; c) clinical placement will be placed on hold; d) the student will not receive their transcript; and/or e) debt proceeds through the debt collection process. Course progress will continue on receipt of regular payment for services.
- 5.3. The Course Coordinator is responsible for providing information on course progress to students and any other authorised person, as directed by RTO Management.
- 5.4. The student is responsible for contacting their Course Coordinator, at the earliest opportunity if there is any reason that they may not be able to keep up with their training plan, assessment log or allocated clinical placement.

## 6. Procedures:

- 6.1. ANMEC and HERC staff will identify any student who is at risk of failing in their course progress and will apply an appropriate course progress intervention strategy.
- 6.2. Course progress also includes payment of course tuition fees.

## 7. Other Relevant Documents/Links

- 2.4 Termination of Enrolment
- 3.5 Complaints
- 3.6 Appeals
- 3.7 Intervention Policy
- 4.6 Assessment
- 6.10 Code of Behaviour

ANMAC:  
Standard 4  
Standard 5

## 8. Review:

- 8.1. This Policy is to be administered by the Head of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

## 9. Document History and Version Control:

<b>Last amendment:</b>	April 2020	<b>Next Review:</b>	April 2022
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<b>Contact Officer:</b>			

Version	Date Approved	Approved by	Brief description
V5			Policy Review

**File Pathway : RecFind - ANMEC FILES– Compliance – Policy and Procedures – Training and Assessment – Course Progress Policy**

## 4.3 TRAINING STRATEGY

### 1. Purpose:

- 1.1. This policy sets out the objectives of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC).
- 1.2. This policy sets out the guidelines for the Training Strategies required for staff and students of ANMEC and HERC.

### 2. Application:

- 2.1. This policy is applicable to:

- All staff and students

### 3. Definitions:

- 3.1. For Terminology refer to the document ANMEC HERC Policy Manual
- 3.2. Flexible learning – is providing a range of learning environments and strategies to cater for differences in individual learning interests, needs, styles and opportunities.
- 3.3. Industry – implies industry organisations, industry training advisory bodies and skills councils, unions, specific clients and professional licensing bodies.
- 3.4. Training package – a nationally endorsed, integrated set of competency standards, assessment guidelines and AQF qualifications for a specific industry, industry sector or enterprise.
- 3.5. Training program – a program (also known as a learning program), developed by ANMEC, that meets the training and assessment requirements of a qualification from a training package, one or more designated units of competency, or an accredited course. The training program may specify such matters as essential and elective units, the sequence and timing of training and assessments, and the resources required. This may form part of a training and assessment strategy.

### 4. Policy Statement:

- 4.1. ANMEC and HERC will provide training which meets the requirements of the training package, training standards, industry and student's needs and reflects current pedagogy.

### 5. Responsibilities:

- 5.1. The Director of Operations and Strategy will ensure that systems are established to collect feedback from industry and students.
- 5.2. Students have the responsibility to provide feedback.

### 6. Procedures:

- 6.1. Training strategies will be based on data gained from current industry experts, legislative requirements and the needs of industry and students.
- 6.2. Students' needs will be met where possible by addressing relevant prior training and/or employment, learning styles, physical or intellectual disability, language, literacy and numeracy, location, cultural and ethnic background, and socio-economic factors.

6.3. Training strategies are monitored and improved on an annual basis or as required.

6.4. Records of staff and industry engagement meetings will be maintained and decisions concerning training and assessment strategies will be implemented.

6.5. Resources specified in each training strategy include the training and assessment materials that will be used, the trainer and assessor competencies that are required, the facilities and equipment (including clinical/work placements), simulated work environment, support staff or resources that may be required to meet the needs of students.

## 7. Other Relevant Documents/Links

- 2.1 Course Enrolment Policy
- 4.1 Course Attendance Policy
- 4.2 Course Progress Policy
- 4.4 Training and Assessment
- 4.6 Assessment Policy
- 4.8 Industry Engagement Policy
- 4.10 Clinical/Work Placements Policy
- 6.3 Continuous Quality Improvement
- 6.17 Education Staff Selection
- 6.19 Education Staff Development

NMBA Standard 3

## 8. Review:

8.1. This Policy is to be administered by the Head of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

## 9. Document History and Version Control:

<b>Last amendment:</b>	April 2020	<b>Next Review:</b>	April 2022
<b>Sponsor:</b>			
<b>Contact Officer:</b>			

Version	Date Approved	Approved by	Brief description
V5			Review Policy
<b>File Pathway : RecFind - ANMEC FILES– Compliance – Policy and Procedures – Training and Assessment – 2.6 Training Strategy Policy</b>			

## 4.4 TRAINING AND ASSESSMENT

### 1. Policy Statement:

- 1.1. This policy sets out the aim of the ANMEC and HERC to meet the operational standards required for the compliant delivery of training and administration of assessment.
- 1.2. This policy will cover operational standards for assessment documentation, individuals involved in the delivery of training and the administration of assessment, and third-party assessments that occur in the workplace.

### 2. Application:

- 2.1. This policy is applicable to:
  - The Director of Learning and Development;
  - the ANMFSA Compliance Officer;
  - the Administration Coordinator;
  - Course Managers; and
  - Educators.

### 3. Definitions:

- 3.1. **Individuals involved in the delivery of training or the administration of assessment:** In the context of this policy, this phrase refers to, in the first instance, ANMEC educators, course managers and other staff of the ANMEC and HERC involved in the delivery of training or the administration of assessment. However, it also refers to those individuals who might provide guest lectures, one off educational events, substitute for teachers on leave, or provide some other form of educational delivery.
- 3.2. **A Course Manager:** the individual responsible for a course and who has line management responsibilities for its teaching staff. The equivalent role at the Higher Education Research Centre is the Education Manager.

### 4. Principles:

#### Assessment Documentation Requirements

- 4.1. Documents that contribute to the design, review, delivery of training or administration of assessment will be standardised across all courses offered by the ANMEC.
- 4.2. Documents required for each course are:

- a) A teaching and assessment strategy (TAS) based on Appendix 2: TAS template, of procedure 6.1.1 Course Evaluation;
  - b) A marking guide for each assessment that ensures consistency of assessment and accurate assessment validation;
  - c) Assessment maps that correlate each part of an assessment with the relevant elements, performance criteria, knowledge evidence, performance evidence, and/or assessment conditions as detailed in the unit of competency and assessment requirement documents located at training.gov.au;
  - d) an assessor guide that provides standard instructions covering issues related to the administration of assessment including information on accommodating reasonable adjustments;
  - e) Standardised learner guides for each unit of competency that meet the requirements for the provision of information to students including assessment instructions and program progression requirements; and
  - f) A workplace logbook that clearly articulates the model of supervision, support, facilitation, and assessment.
- 4.3. All documents associated with an assessment, including completed student assessment items, must be securely retained for a period of six months from the date on which the judgement of competence was made as per policy 3.11 Record Management.

#### **Individuals Involved in the Delivery of Training or the Administration of Assessment**

- 4.4. Individuals involved in the delivery of training or the administration of assessment must:
- a) at minimum, have vocational competencies to the level being delivered and assessed;
  - b) current industry skills directly relevant to the training and assessment being provided; and
  - c) current knowledge and skills in vocational training and learning as demonstrated by their possession of an appropriate TAE certification as listed in Schedule 1 of the Standards for RTOs 2015.
- 4.5. Any individual who does not meet the requirements of 4.4 will require the supervision of a suitably qualified individual and must follow the process outlined in procedure 4.4.1 Supervision.

- 4.6. Individuals involved in the delivery or assessment of the Diploma of Nursing must meet the following additional requirements:
- a) must be registered with the NMBA as an enrolled or registered nurse; and
  - b) must be qualified at least one qualification standard higher than the program of study being taught;
- 4.7. It is the responsibility of the RTO to ensure that individuals involved in the delivery of training and/or the administration of assessment are developed according to policy 6.19 Education Staff Development so as to ensure staff:
- a) undertake professional development in their fields of knowledge to enable them to demonstrate a sound understanding of contemporary research, scholarship and practice; and
  - b) undertake professional development in the practice of vocational training, learning and assessment including competency-based training.

### **Third Party Evidence and Workplace Assessment**

- 4.8. Workplace observation will be undertaken by RTO assessors and host employer staff members. Where possible, the RTO assessors will perform workplace observation.
- 4.9. Host workplace staff members contribute to workplace assessment by observing students and indicating whether or not the required competency has been demonstrated.
- 4.10. However, information from host workplace staff members is considered to be one form of evidence indicating competency and only the RTO's assessors themselves can determine the competency of a student.
- 4.11. The collection of evidence for competencies demonstrated in the workplace occurs within the workplace logbook, required as per 4.2 f) and within the guidelines established in 4.10.1 Work Placement Facilitators Handbook.
- 4.12. Students undertaking a Diploma of Nursing must have any assessment of competency within the workplace administered by an appropriately qualified registered nurse.

## **5. Scope**

- 5.1. **Director of Learning and Development:** Determine and implement ANMEC's strategy for meeting the requirements of this policy. Work with direct reports to monitor compliance with this policy.

- 5.2. **Compliance Officer:** Contribute to the monitoring and quality assurance of course documentation as detailed in 4.2 a) - f).
- 5.3. **Administration Coordinator:** Provide support for the administration of this policy.
- 5.4. **Course Managers:** Lead the development and monitoring of key course documentation, and compliance with staff requirements and third-party evidence requirements.
- 5.5. **Educators:** Cooperate with line management to ensure the policy is properly administered.

## 6. Principles

- 6.1. The Director of Learning and Development and Course Managers will coordinate to ensure that key course documentation, as per 4.2 a) – f) is developed, completed, and made available to students and educators.
- 6.2. Course Managers will ensure that key course documentation is available for course evaluation events as per policy 6.1 Course Evaluation, and assessment validation events as per policy 4.6 Assessment.
- 6.3. The Director of Learning and Development will coordinate with Human Resources and Course Managers to ensure the requirements for individuals delivering training or administering assessment, as detailed in 4.4 – 4.6, are met.
- 6.4. In cases where the requirements of 4.4 - 4.6 are not met, but the individual is still offered a position with ANMEC, the Director of Learning and Development will coordinate with Course Managers to ensure procedure 4.4.1 Supervision is followed.
- 6.5. The Director of Learning and Development will coordinate with Course Managers to determine professional development priorities for staff and ensure the requirements for training, as detailed in 4.7, are met.
- 6.6. Course Managers will ensure educators are aware of and are correctly engaging with the third-party evidence requirements for the determination of competency.

## 7. Relevant Policies and Procedures:

- 7.1. This policy is designed to be in compliance with ASQA standards:
  - a) 1.13 – 1.15
  - b) 1.16 – 1.20
- 7.2. This policy is designed to be in compliance with ANMAC standards:
  - a) 1.9
  - b) 3.3 & 3.9
  - c) 4.1
  - d) 5.3

- e) 7.6-7.12
- f) 8.5 & 8.7
- g) 9.3

7.3. Related ANMEC policies and procedures:

- a) 4.4.1 Supervision
- b) 4.6 Assessment
- c) 4.6.1 Assessment Validation
- d) 4.10.1 Work Placement Facilitators Handbook
- e) 6.1 Course Evaluation
- f) 6.1.1 Course Evaluation Procedure
- g) 6.3 Continuous Quality Improvement

**8. Review:**

- 8.1. It is the responsibility of each employee to ensure that they are aware of changes and updates to policies. All employees must ensure that they have the most current version of the policy.
- 8.2. This policy is to be reviewed no less frequently than every two years. Changes to this policy will require approval by the Executive Council.

**9. Document History and Version Control:**

<b>Last amendment:</b>	June 2022	<b>Next Review:</b>	June 2024
<b>Sponsor:</b>	Compliance Officer		
<b>Contact Officer:</b>	Compliance Officer		

Version	Date Approved	Approved by	Brief description
4	April 2020	Lea Hague	Policy Review
5.1	17/06/2022	Compliance Officer	Major Amendments
5.2	27/06/2022	Executive	Major Amendments

## 4.5 TRANSITIONING

### 1. Policy statement

- 1.1. ANMEC and HERC are committed to ensure students are provided with up to date qualifications in line with industry standards.

### 2. Purpose

- 2.1. To provide guidelines for the transition of students from a superseded training package qualification or accredited course to a new or revised training package qualification or accredited course.

### 3. Principles

- 3.1. ANMEC and HERC recognise that training packages are reviewed periodically and where possible, students should have the opportunity to transfer to the most recent qualification if they cannot be completed within the transition period as defined by the training standards.
- 3.2. A student must be allowed to complete the course in which they originally enrolled or be transferred to the replacement course with minimum disadvantage to the student.
- 3.3. No new student will be enrolled in an accredited course after its accreditation expiry date or be enrolled in a Training Package qualification from 12 months after the Training Package date has been released on training.gov.au.
- 3.4. Notifications will be provided to all currently enrolled students of proposed transition arrangements as early as possible, explaining the effects of the transition arrangements, and offering advice and guidance.

### 4. Implementation

- 4.1. Affected students will be offered transition into the reviewed package and must agree in writing before transition occurs. Transition will not occur until the student has replied in writing.

### 5. Roles and responsibilities

- 5.1. ANMEC and HERC will transition affected students during their enrolment and this will be reflected by testamurs issued that define competency achieved, academic records, statement of attainments, parchment and/or graduation certificate.
- 5.2. In regards to responding the transition announcement, dereliction of study will apply in 60 days of an announcement if a student has not responded and connected to that respond continues to complete activities of learning and assessment as recorded in their training plan. Further to this, dereliction of study will be enforced if a student does not complete a training plan on request.

## 6. Transitioning

6.1. Amendment of qualification by the AQF (Australian Qualification Framework) or Training Package updates

## 7. Cross references

2.6 Credit Transfer

Standards for Registered Training Organisations (RTOs) 2015:  
Standard 1.26

## 8. Administration

*Authority CEO/Secretary ANMF (SA Branch)*

*Date of origin 1 March 2013*

*Last reviewed Dec 2018*

*Version 4*

*Review date Dec 2020*

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## 4.6 ASSESSMENT

### 1. Purpose:

- 1.1. This policy sets out the aim of the ANMEC and HERC to meet the academic standards for the compliant development, monitoring, and administration of assessment, and those standards and ANMEC requirements needed to inform, assist, and prepare students for assessments.
- 1.2. This policy will therefore cover the obligations the standards impose on ANMEC and HERC regarding the provision of information to students and the provision of options to access both credit transfer and recognition of prior learning processes.
- 1.3. This policy will also cover ANMEC's approach to student feedback, retakes of failed or missed assessments, as well as student obligations in regard to assessment submission.
- 1.4. This policy further covers ANMEC's requirement to ensure its courses align with the appropriate standards, including the rules of evidence and principles of assessment, and how it moderates and validates assessments in order to ensure this alignment.

### 2. Application:

- 2.1. This policy is applicable to:
  - The Director of Learning and Development;
  - the ANMFSA Compliance Officer;
  - the Administration Coordinator;
  - Course Managers;
  - Educators;
  - Students.

### 3. Definitions:

- 3.1. **A Course Manager** is the individual responsible for a course and who has line management responsibilities for its teaching staff. The equivalent role at the Higher Education Research Centre is the Education Manager.
- 3.2. **Principles of Assessment** are Reliability, Fairness, Flexibility and Validity
- 3.3. **Rules of Evidence** are Validity, Sufficiency, Authenticity, and Currency

### 4. Policy Statement:

#### Students

- 4.1. Prior to enrolment, students will be provided with clear statements about the assessment and program progression requirements of the course. This will include any requirements the ANMEC and HERC require the learner to meet to successfully complete the course such as:
  - a) work placement requirements;
  - b) rules and methods of assessment submission;
  - c) rules regarding late submission and resubmission; and
  - d) rules regarding retaking of assessments.
- 4.2. All potential and current ANMEC and HERC students will have access to credit transfer and recognition of prior learning processes.
- 4.3. The ANMEC and HERC will endeavour to provide constructive feedback on submitted assessments to students.
- 4.4. The ANMEC and HERC will provide students with assessment results within 3 weeks of the completion date of the unit of competency for which the assessment was undertaken. This timeline can be amended in special circumstances upon approval by the Course Manager.

#### **Alignment with training package and the standards**

- 4.5. The ANMEC's approach to assessment will comply with the assessment requirements of the training package or VET accredited course.
- 4.6. The level, number and context of assessments will be consistent with determining the demonstration of the required competencies.
- 4.7. Courses will include both formative and summative assessments, will incorporate best practice assessment methodologies and technologies, and will utilise a variety of assessment approaches across a range of contexts.
- 4.8. Assessments will be conducted in accordance with the [Principles of Assessment](#), including reasonable adjustment, and [the Rules of Evidence](#).
- 4.9. Courses will undergo regular validation. New assessments will be validated before being delivered.
- 4.10. Assessment results will undergo regular moderation to ensure consistency across the ANMEC.
- 4.11. Assessments will be conducted in a transparent manner.

- 4.12. Relevant ANMEC and HERC staff, health service providers, educators, and students will be involved in selecting and implementing assessments.

## 5. Responsibilities:

- 5.1. **Director of Learning and Development:** Determine and implement ANMEC's strategy for meeting the requirements of this policy. Coordinate with the Compliance Officer and the Administration Coordinator to monitor the application of this policy by Course Managers. Work with Course Managers to ensure the validation and moderation requirements of the policy are met.
- 5.2. **Compliance Officer:** Coordinate with the Director of Learning and Development and the Administration Coordinator to monitor the application of this policy by course managers. Monitor that the validation and moderation requirements of the policy are being met. Intervene where appropriate.
- 5.3. **Administration Coordinator:** Coordinate with the Director of Learning and Development and the Compliance Officer to monitor the application of this policy by course managers. Coordinate with course managers to ensure students receive the appropriate information prior to enrolment. Contribute to the documentation required for validation or moderation as needed.
- 5.4. **Course Managers:** Take the lead in ensuring the requirements of this policy are met. Lead and/or participate in validation and moderation events. Monitor, advise, and intervene (where appropriate) with educators as they evaluate, grant or refuse extension and additional retake requests. Provide educators with information and advice on other areas of this policy.
- 5.5. **Educators:** Evaluate and grant or refuse extension requests; evaluate and grant or refuse requests for additional retake attempts. Participate in validation and moderation events when requested.

## 6. Procedures:

- 6.1. Prior to their enrolment, students will be provided with documentation or a link to online information that includes the following:
- a training plan or assessment log containing the name of each summative assessment, and each summative assessments weighting/contribution to progression; and
  - information stipulating that all assessments must be submitted by the due date recorded on the training plan or assessment log plan.

- 6.2. Prior to enrolment students will be provided with the following information regarding retaking failed assessments:
- a) A student is entitled to retake a failed assessment three times at no cost.
  - b) If a student wishes to retake a failed assessment after the third attempt, this will require consultation with the course manager. The outcome is at the course manager's discretion. Possible outcomes are:
    - a. Subsequent attempts not approved;
    - b. Subsequent attempts beyond the third attempt are approved, but will incur a fee;
    - c. in lieu of allowing further assessment attempts, course manager recommends that the student retake the entire unit.
  - c) In situations where a student has failed to comply with, or has wilfully flouted, assessment requirements, the course manager may refuse further retakes or charge a fee for a subsequent retake.
  - d) Students must resubmit or arrange to retake a failed assessment within five working days of the date of receipt of their assessment result.
- 6.3. Prior to enrolment students will be provided with the following instructions regarding extensions and late submission:
- a) Extension requests to allow the late submission of an assessment task can be made up to the day before the assessment tasks due date as it appears on the training plan or the assessment log.
  - b) Extension requests can be made via email or in writing.
  - c) Extension requests cannot be granted verbally.
  - d) Extension requests must include
    - i. A reason for the request
    - ii. Evidence to support the request. For non-medical situations, the evidence required can be discussed with the Course Manager.
  - e) Only late assignments that have been approved in email or in writing by the educator or Course Manager will be marked.
  - f) Grounds for an extension request are:
    - i. Medical reasons supported by a medical certificate.
    - ii. One of the following personal circumstances:

- I. Death of a family member;
  - II. a serious illness afflicting a person with whom you have a close relationship or for whom you are the carer;
  - III. the recent breakdown of a long-term relationship, such as a marriage;
  - IV. emergencies involving dependents; and
  - V. job interview at short notice that requires travel.
- g) Situations that are not grounds for an extension include:
- i. computing issues;
  - ii. work commitments;
  - iii. work placement;
  - iv. planned leave or holidays
  - v. other assessment tasks occurring at the same time
- 6.4. Credit transfer and recognition of prior learning processes are available to students as per policies 2.6 Credit Transfer and 2.7 Recognition of Prior Learning.
- 6.5. As per policy 4.4 Training and Assessment, section 4.2 d), educators will be provided with an assessor guide that details minimum standards for feedback on assessment.
- 6.6. Validation and moderation will occur as per procedure 4.6.1. Assessment Validation and Moderation. New assessments will be required to undergo this process prior to delivery.
- 6.7. Moderation only requires the examination of assessment judgements covered in Part C, Section 1 of the procedure 4.6.1. Moderation dates for the following year should be determined at the current year's October meeting of the Academic Sub-Committee.
- 6.8. When changes to the nature, mode, context or location of an assessment are being considered, input should be sought from ANMEC staff via the ANMEC governance structure starting with the program committees with final approval coming from the Academic Sub-Committee. External stakeholders should be consulted as per policy 6.2 Stakeholder Engagement, section 6.4 and 6.6.

## 7. Other Relevant Documents/Links

- 7.1. This policy is designed to be in compliance with ASQA standards:
- a) 1.8-1.11
  - b) 2.2
  - c) 5.2
- 7.2. This policy is designed to be in compliance with ANMAC standards:
- a) 2.1

b) 5.1-5.11

7.3. Related ANMEC policies and procedures:

- a) 4.4 Training and Assessment
- b) 4.6.1 Assessment Validation
- c) 6.1.1 Course Evaluation Procedure
- d) 6.2 Stakeholder Engagement
- e) 6.3 Continuous Quality Improvement

## 8. Review:

- 8.1. It is the responsibility of each employee to ensure that they are aware of changes and updates to policies. All employees must ensure that they have the most current version of the policy.
- 8.2. This policy is to be reviewed no less frequently than every two years. Changes to this policy will require approval by the Executive Council.

## 9. Document History and Version Control:

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<b>Contact Officer:</b>	Compliance Officer		

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7		Lea Hague	Policy Review
8.1	20/06/2022	Compliance Officer	Major Amendments
8.0	29/06/2022	Executive	Final

## 4.7 CHEATING AND PLAGIARISM

### 1. Policy statement

- 1.1. Cheating and/or plagiarism in any form will not be tolerated.

### 2. Principles

- 2.1. Students who assist other students to cheat will be deemed to have cheated themselves.

### 3. Implementation

- 3.1. Educators must discuss any perceived act of cheating or plagiarism with the Course Coordinator before approaching the student or students concerned.
- 3.2. Students accused of cheating or plagiarism must be given the opportunity to respond to the allegations in accordance with natural justice.
- 3.3. Cheating and persistent plagiarism may result in the student's expulsion from the course with no refund of fees.

### 4. Definitions

- 4.1. Cheating – may take many forms including but not limited to:
  - a student copying the work of other students
  - a student allowing other students to copy their work
  - a student working in a group and not contributing
- 4.2. Plagiarism –
  - the direct copying of another author's work without recognising it as a quote and or acknowledging the author
  - rewording another author's work and not acknowledging the source of the information
  - claiming an idea as one's own when it was first arrived at by another

### 5. Roles and responsibilities

- 5.1. The Course Coordinator or delegate is responsible for acting on any incidents of cheating or plagiarism.

### 6. Cross references

- 6.10 Code of behaviour  
Standards for Registered Training Organisations 2015:  
Standard 1, clauses 1.8 and 1.12  
Standard 3, clause 3.1

### 7. Administration

- Authority CEO/Secretary ANMF (SA Branch)  
Date of origin June 2001  
Last reviewed Dec 2018

Version 3  
Review date Dec 2020

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Education Centre

## 4.8 INDUSTRY ENGAGEMENT

### 1. Purpose:

- 1.1. This policy sets out the objectives of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC).
- 1.2. This policy sets out the guidelines for Industry Engagement required for staff and students of ANMEC and HERC.

### 2. Application:

- 2.1. This policy is applicable to:

- All staff and students

### 3. Definitions:

- 3.1. For Terminology refer to the document ANMEC HERC Policy Manual 2020
- 3.2. ASQA Standards – Registered Training Organisation (RTO) Standards 2015

### 4. Policy Statement:

- 4.1. ANMEC and HERC are committed to:

- Ongoing and effective engagement with employees and employers in sectors in which we work and provide education and training
- Establishing mechanisms for consultation and discussion which informs our practice, and ensure we implement strategies, so our training continues to meet industry needs

### 5. Responsibilities:

- 5.1. Terms of Reference for the CACs will be endorsed by the ANMF (SA and TAS Branch) Executive.  
RTO Executive Management (or delegates) will be convenors of the committees.

### 6. Procedures:

- 6.1. Members of the Course Advisory Committees will include representatives of industry, students and education providers. Membership is determined on the basis of expertise in relation to industry needs, education and curriculum.
- 6.2. Meetings will be held a minimum four times per year, via a variety of consultative mechanisms, including one-on-one meetings, teleconferences, video conferences, email consultation, and small group discussions.

### 7. Other Relevant Documents/Links

- 6.2 Review of Course Delivery Policy
- 6.3 Continuous Quality Improvement Policy

Registered Training Organisations (RTO) Standards 2015:  
Clauses 1.5 – 1.6  
Clauses 1.8 – 1.12

Clauses 1.13 – 1.16  
 Clauses 1.21 – 1.25  
 Clauses 2.1 – 2.2

NMBA Standard:  
 Standard 1.3

**8. Review:**

8.1. This Policy is to be administered by the Head of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

**9. Document History and Version Control:**

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V7			Policy Review
<b>File Pathway : RecFind - ANMEC FILES– Compliance – Policy and Procedures – Student Feedback, Stakeholder Engagement &amp; Course Advisory Committee – 5.4 Industry Engagement</b>			

## 4.9 CLINICAL/WORK PLACEMENT AGREEMENTS

### 1. Policy statement

- 1.1. A written agreement between ANMEC or HERC and the host workplace for any vocational placements for students will be negotiated and will provide clear responsibilities of the training and assessment process of both parties.

### 2. Application

- 2.1. This policy is applicable to:
  - Director of Learning and Development
  - Course / Education Managers
  - Educators
  - Third party hosts
  - Students

### 3. Definitions

- 3.1. **Host workplace** – any facility in which ANMEC or HERC places students for practical experience and observation during their course.
- 3.2. **Memorandum of Agreement** – a written agreement between the host workplace and ANMEC outlining the responsibilities and expectations of both parties during the vocational placement.
- 3.3. **Workplace Agreement (WPA) VET in School Students** – a written agreement between the individual student, parent, host workplace and ANMEC.

### 4. Principles

- 4.1. ANMEC and HERC are committed to providing suitable workplace experiences to provide opportunities and conditions for students as per individual course requirements.
- 4.2. Individual host workplace requirements will be considered in the development of each vocational placement agreement.
- 4.3. In general, ANMEC and HERC will not pay a fee for vocational placements unless required by the host workplace and negotiated at the time of the development of agreement.

## 5. Responsibilities

- 5.1. **Course Manager and Educator** is responsible for ensuring the requirements of the vocational placement host workplace are met prior to and during the vocational placement
- 5.2. **Administrative Team is responsible for:**
  - monitoring the currency of the Memorandums of Agreements and report when due for renewal.
  - Providing evidence of insurance and other documentation that is required by the host workplace
  - Where applicable meeting the requirements of placement booking requirements as per the Memorandum of Agreement.
- 5.3. **Students:** are responsible for meeting the placement requirements as requested by ANMEC and HERC prior to placement

## 6. Procedures

- 6.1. Vocational Placement Memorandum of Agreements for host workplaces will be written and authorised by the relevant authority for each party (the Host workplace and ANMEC).
- 6.2. The Course Manager will ensure the placement agreements match the hours for mandatory work placements required by the course.
- 6.3. South Australian Public Health work placements will be authorised by BetterPlaced (SA Health), in South Australia.
- 6.4. Tasmanian Public Health work placements operate under the Placement Deed with the Tasmania Health Service
- 6.5. Individual Vocational Placement Memorandum of Agreements will exist with non-public health service providers.
- 6.6. The VET in School Course Manager is responsible for negotiating work placement agreements with host workplaces prior to students' placements. Each student is required by the Department of Education (SA) to have an individual Work Place Agreement, that is signed by the student, parent, host workplace site and ANMEC.
- 6.7. The Course Manager and Educator will evaluate the placement experience post placement.

- 6.8. Vocational placement agreements will be ongoing and regularly evaluated and updated.

## 7. Relevant Documents/Links

- 7.1. ANMAC Standards 2017:
- a) 1.9
  - b) 8.1-8.2
- 7.2. Related ANMEC Policies and Procedures:
- a) 1.7 National police certificate
  - b) 4.9 Vocational Work Placement Agreements
  - c) 4.10 Vocational Work Placements
  - d) 4.11 Immunisation for Clinical Placement

## 8. Review

- 8.1. This Policy is to be administered by the Director of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

## 9. Document History and Version Control

<b>Last amendment:</b>	June 2022	<b>Next Review:</b>	June 2024
<b>Sponsor:</b>	Director Learning and Development		
<b>Contact Officer:</b>	Compliance Officer		

Version	Date Approved	Approved by	Brief description
1	July 2009	CEO/Secretary ANMF (SA Branch)	First version
5	Dec 2018	CEO/Secretary ANMF	Review
6.1	23/06/2022	DLD	Major Amendments
6.0	29/06/2022	Executive	Final

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## 4.10 CLINICAL/WORK PLACEMENTS

### 1. Policy statement

- 1.1. Students will undertake clinical/work placements at host workplaces when required to do so as part of their course requirements.

### 2. Principles

- 2.1. Clinical/work placements at host workplaces will be negotiated with host workplaces or Health SA BetterPlaced and individual services in TAS where required, to provide students with the opportunity of gaining the knowledge and skills to meet the criteria of the units of competency.
- 2.2. The Course Coordinator or delegate will endeavour to negotiate appropriate host workplaces for students.
- 2.3. Fees for scheduled clinical/work placement are included as part of the course fees except where special arrangements are negotiated with the students.

### 3. Implementation

- 3.1. ANMEC and HERC Course Coordinators will be responsible for informing students of work placement obligations prior to enrolment into any course that requires placement.
- 3.2. ANMEC and HERC will provide support for and assessment of students during their clinical/work placement.
- 3.3. Students must adhere to the host workplace's policies and procedures during their placement. These include but are not limited to policies and procedures regarding manual handling, national police certificates and immunisation.
- 3.4. Students may be required to pay a fee for any additional placements required, due to unsuccessful completion or non-attendance.
- 3.5. ANMEC and HERC Course Coordinators (or delegates) will be responsible for negotiations with host workplaces and /or BetterPlaced for clinical/work placement of students.

### 4. Definitions

- 4.1. BetterPlaced – central booking agency for timetabling student clinical/work placements for Enrolled Nurses in SA
- 4.2. Clinical/work placement – a period of time spent in a clinical/work environment in order for the student to observe, learn and demonstrate competence.
- 4.3. Host workplace – any facility in which ANMEC or HERC places students for practical experience and observation during their course.

### 5. Roles and responsibilities

- 5.1. The Course Coordinator or delegate will notify students of the host workplace prior to the commencement of their clinical/work placement.

- 5.2. The host workplace will provide one or more preceptors for each student. Students must provide evidence that they meet requirements of the host workplace prior to clinical/work placement.
- 5.3. Students are required to attend negotiated clinical/work placement days.
- 5.4. Prior to the commencement of their shift, students must notify the host workplace and the Course Coordinator or notified delegate if they are unable to attend.
- 5.5. Students must provide a medical certificate for leave of absence during clinical/work placement. Any periods of absence during clinical/work placements must be completed by negotiation with the Course Coordinator or delegate.

## 6. Cross references

- 4.9 Clinical/work placement agreements
- 6.9 Workplace Health Safety

Standards for Registered Training Organisations (RTOs) 2015:  
Clauses 5.1 – 5.4

ANMAC Standard 5

## 7. Administration

Authority CEO/Secretary  
Date of origin July 2009  
Last reviewed Dec 2018  
Version 3  
Review date: Dec 2020

## 4.11 IMMUNISATION FOR CLINICAL PLACEMENT

### 1. Policy Statement

- 1.1. This policy sets out the guidelines for all student Health Care Workers undertaking vocational placements in Health facilities to meet the immunisation requirements as established in each state. This policy extends to vocational placement for students in Aged Care, Community and the Disability sectors.
- 1.2. Students undertaking vocational placement are required to follow the state Immunisation Guidelines for Health Care Workers (HCW) and related state public health orders and directions. Students placed in a residential aged care setting are required to meet the same compliance as residential care workers.
- 1.3. The state-based Immunisation Policy states that 'prior to the commencement of a clinical placement your education provider must provide written statement/evidence confirming to the CEO or delegate of the health care setting confirming that you have a documented screening and vaccination history consistent with the provision of these guidelines '.

### 2. Application

- 2.1. This policy is applicable to all ANMEC and HERC staff and students:
- 2.2. The procedure is applicable to the following courses offered at ANMEC:
  - The Diploma of Nursing
  - The Cert III and IV in Sterilisation
  - The Cert III in Individual Support

### 3. Definitions

- 3.1. Immunisation: is the process of becoming immune to a disease as a result of a vaccine.
- 3.2. Other Vaccination Requirements: include specific vaccination preventable diseases as outlined in the state Immunisation Guidelines.
- 3.3. Student Health Care Worker: Student Health Care Worker; a student studying in a health or social assistance related study program that requires direct or indirect contact with patients/clients/ residents, or contact with blood or other body substances from patients/clients/residents in a health or social care setting
- 3.4. Vocational placement: is the requirement for a student to complete a practical application of skills within a workplace as requirement of the course.

## **4. Principles**

- 4.1. ANMEC and HERC seeks to provide students with accurate information in relation to vaccination requirements for vocational placement. In order to satisfy contractual obligations, students will be advised that ANMEC and HERC will require evidence that students are adequately protected against vaccine preventable diseases at the commencement of their course and prior to clinical placement, so that students are not placed in risk exposure situations prior to confirmation of immune status.
- 4.2. Prior to the commencement of a vocational placement, ANMEC and HERC will provide written statement/evidence to the Chief Executive Officer/Executive Officer or delegate of the health care / aged care / disability setting, confirming that the student has a documented screening and vaccination history consistent with the provisions of the Immunisation Guidelines for Health Care Workers and/or state public health orders and directions.
- 4.3. ANMEC and HERC will inform students that they may be refused vocational placement by the workplace provider if their screening and vaccination is not provided.
- 4.4. Students will not be able to graduate from their qualification without completing the vocational placement requirements.

## **5. Responsibilities**

- 5.1. Students: are responsible for meeting the immunisation requirements for their state and providing evidence of this within the stipulated timelines and to the relevant personnel as stated within the procedure below.
- 5.2. Educator: is responsible for checking the evidence received and following up incomplete immunisation requirements.
- 5.3. Course Manager: is responsible for ensuring that the student information regarding immunisation is accurate and following up incomplete immunisation requirements.
- 5.4. Administrative team: are responsible for receiving and managing a copy of the immunisation evidence on the student file or on Moodle.

## **6. Procedure/s:**

### **In South Australia:**

### **COVID 19 Vaccination Requirements**

6.1. Students are required to meet the SA Health COVID 19 vaccination requirements applicable to Health care setting workers; Residential Aged Care workers, and In-home, community aged care and disability workers prior to commencing studies onsite at ANMEC. Evidence is to be provided as part of the enrolment process and updated accordingly. This means that students must have:

- Received both the first and second dose of a TGA approved or recognised COVID-19 vaccination (this includes students under the age of 16 years)
- Received a third dose (booster) of a TGA approved COVID-19 vaccine or have evidence of a booking to receive a COVID-19 booster shot. Students under the age of 16 years are required when eligible to register for a booster and provide evidence of this to ANMEC

6.2. Students will be required to meet any subsequent requirements that are advised by SA Health.

**For further information:**

<https://www.covid-19.sa.gov.au/restrictions-and-responsibilities/faqs>

For current direction details specific to:

- Residential Aged Care Facilities
- Healthcare setting workers vaccination
- In-home, community aged care and disability workers vaccination

visit <https://www.covid-19.sa.gov.au/emergency-declarations>

6.3. Students are required to provide evidence of COVID vaccination status (or medical exemption) prior to commencing the course, and attending the campus.

6.4. Students will be advised that if they decline to be immunised for COVID-19, they will be unable to enroll and/or complete their course.

### Other Vaccination requirements

6.5. Students are required to meet the current immunisation requirements as stipulated by SA Health. This information is available on the SA Health website “Immunisation for Health Care Workers in South Australia Policy Directive 2017” for information refer to the SA Health website <https://www.sahealth.sa.gov.au> or the following [link](#).

6.6. Residential and Aged Care: [SA Health fact sheet for residential aged care providers](#) (May 2022).

- 6.7. In-home and community aged care: South Australia Emergency management (In-home and Community Aged Care and Disability Support Workers Vaccination No 4) (COVID-19) Direction 2022 (released 28 January 2022)
- 6.8. All relevant documentation is available on the ANMEC Moodle site.
- 6.9. Australian Government Department of Health website: [Mandatory vaccination](#)
- 6.10. Students are required to provide evidence of vaccination status for the other illnesses as stipulated by the placement providers to their Educator, Course Coordinator or Program Support staff at least one month prior to placement.
- 6.11. ANMEC students have the right to refuse immunization. Students will be advised that if they decline to be immunised (in courses where vocational placement is mandatory) that they will not be able to enrol and/or complete their course. This is on the basis that student health care workers who refuse to participate in screening and/or vaccination will not be accepted for clinical placements involving Category A or B work activities in SA Health services.
- 6.12. For those students studying Certificate III Individual Support, the current flu vaccination can only be provided after mid-March each year to be deemed current. In some cases, this may be evidenced less than one month prior to your placement commencing.

**In Tasmania:**

- 6.13. Students are expected to understand their responsibility to protect themselves and others from transmission of infectious diseases.
- 6.14. HERC recognises the rights of students to refuse immunisation, however students should understand that many organisations now require immunisation prior to placement. Students may be required to provide written evidence that they have received particular immunisations prior to their placement. Students who do not meet the requirements may be refused a placement.
- 6.15. Students completing the Diploma of Nursing qualification are required to complete HERC's Student Immunisation Record Form which is provided at course commencement along with their Student Guide. It is mandatory that this form is finalised with your GP and returned to HERC within six (6) weeks of course commencement.
- 6.16. The purpose of this form is to provide students with a record of compliance with the immunisation requirements identified in Immunisations for [Health Care Workers](#).

## COVID-19 Vaccination Requirements:

- 6.17. Students are required to meet the TAS Health COVID 19 vaccination requirements applicable to Health care setting workers; Residential Aged Care Facilities and In-home, community aged care and disability workers prior to commencing studies onsite at HERC. Evidence is to be provided as part of the enrolment process and updated accordingly. This means that students must have:
- Received both the first and second dose of a TGA approved or recognised COVID-19 vaccination (this includes students under the age of 16 years)
  - Received a third dose (booster) of a TGA approved COVID-19 vaccine or have evidence of a booking to receive a COVID-19 booster shot. (*You need to wait three months after testing positive to COVID-19 before getting your next dose of COVID-19 vaccine*)
- 6.18. Students will be required to meet any subsequent requirements that are advised by TAS Health.
- 6.19. For further information:
- [Vaccination requirements | Coronavirus disease \(COVID-19\)](#)
- 6.20. For current direction details specific to:
- Residential Aged Care Facilities
  - Healthcare setting workers vaccination
  - In-home, community aged care and disability workers vaccination
- 6.21. Students will be advised that if they decline to be immunised for COVID-19, they will be unable to enroll and/or complete their course.
- 6.22. See also:
- Residential aged Care: Aged care and disability vaccination requirements (updated 29 March 2022)
  - In-home and community aged care: Tasmania – Direction – Additional vaccination requirements for workers in certain settings – No. 3) (29 March 2022)

## 7. Other Relevant Documents/Links:

- 7.1. ANMEC policies and procedures:
- 4.9 Clinical Vocational placement Agreements Policy
  - 4.10 Clinical/vocational placement
- 7.2. Immunisation Guidelines for Health Care Workers for each state:

- South Australia: <https://www.sahealth.sa.gov.au>
- Tasmania: <http://www.dhhs.tas.gov.au>.

## 8. Review of Policy:

- 8.1. It is the responsibility of each employee to ensure that they are aware of changes and updates to policies. All employees must ensure that they have the most current version of the policy. Please refer to the Policy and Procedure Register for the most current version.
- 8.2. This Policy is to be administered by the Director of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

## 9. Document History and Version Control:

<b>Last amendment:</b>	August 2021	<b>Next Review:</b>	August 2023
<b>Sponsor:</b>	Director L&D		
<b>Contact Officer:</b>	Compliance Officer		

Version	Date Approved	Approved by	Brief description
1	2013	CEO	Final
2	2018	CEO	Final
3.1	09/06/2022	Director L&D	Draft
3.0	28/06/2022	Director L&D	Final

## Section 5 – Completion

## 5.1 ISSUANCE OF PARCHMENTS

### 1. Policy statement

- 1.1. ANMEC or HERC will issue parchments in accordance with ASQA and AQF standards in a timely manner.

### 2. Principles

- 2.1. The RTO will issue qualifications, academic records and statements of attainment for units of competency registered within its scope of practice in a timely manner.

### 3. Implementation

- 3.1. ANMEC and HERC will issue AQF certification documentation only to a learner whom it has assessed as meeting the requirements of the AQF qualification, skill set or VET Course as specified in the relevant training package or VET accredited course.
- 3.2. ANMEC and HERC will only issue a VET qualification or VET statement of attainment to an individual after verification that the individual has a student identifier. (Student Identifier's Act 2014) unless an exemption applies under the Student Identifiers Act 2014.
- 3.3. All AQF Certification Documentation issued by ANMEC meets the requirements of the Australian Qualifications Framework (AQF) and Standards for Registered Training Organisations.
- 3.4. AQF certification documentation is issued to a learner within 30 calendar days of the learner being assessed as meeting the requirements of the AQF qualification, skill set or VET course if the training program in which the learner is enrolled is complete and providing all fees the learner owes to ANMEC or HERC have been paid.
- 3.5. Copies will be issued on request for a fee to any past students to replace a lost or destroyed parchment.
- 3.6. ANMEC and HERC will maintain records of parchments issued.

### 4. Revocation of parchment:

- 4.1. ANMEC and HERC reserve the right to revoke certification (AQF qualifications or statements of attainment) that it has issued in the following instances:
  - Where incorrect information has been included in a Certificate/Diploma or Statement of Attainment
  - Where acts of plagiarism by a student have been proven after issuing certification
- 4.2. ANMEC or HERC will contact affected students in writing to inform them of the revocation action. All original parchments and documents including Statement of Attainments and Academic records that have been identified to be revoked must be returned.

### 5. Definitions

- 5.1. **Academic Record** – issued with a qualification and lists results against the nationally recognised and accredited units of competency.
- 5.2. **ASQA** - Australian Skills Quality Authority is the national regulator for vocational education and training.

5.3. **AQF** - The **Australian Qualifications Framework** (AQF) provides the hierarchy of educational qualifications in Australia.

5.4. **Parchment** – a Certificate, Diploma or Statement of Attainment.

5.5. **Qualification** – formal certification in the VET sector by an RTO that a person has satisfied all requirements of the units of competency or modules that comprise an AQF qualification as specified by

- a nationally endorsed training package
- an accredited course that provides training for that qualification

5.6. **Revoke** - to officially cancel a record of results, statement of attainment, parchment or academic record

5.7. **Statement of Attainment** – lists results against the nationally recognised and accredited units of competency in which a student has been enrolled. A Statement of Attainment is issued where the student has not gained competency in all units required for the completion of a recognised AQF qualification.

## 6. Roles and responsibilities

6.1. ANMEC and HERC will ensure compliance with relevant reporting requirements including AVETMISS and other Federal and State governing reporting processes.

## 7. Cross references

Student Identifier's Act 2014

Standards for Registered Training Organisations (RTOs) 2015:  
Schedule 3

## 8. Administration

Authority CEO/Secretary ANMF (SA Branch)

Date of origin June 2000

Last reviewed Dec 2018

Version 5

Review date Dec 2020

## Section 6 – Regulatory Compliance

## 6.1 COURSE EVALUATION

### 1. Policy Statement:

- 1.1. This policy sets out the aims of the ANMEC and HERC in regards to its conduct of regular and systematic evaluations of its courses in accordance with the requirements of the ANMEC's accrediting bodies.

### 2. Application:

- 2.1. This policy is applicable to:
  - The Director of Learning and Development;
  - the ANMFSA Compliance Officer;
  - the Administration Coordinator;
  - Course Managers; and
  - Educators.

### 3. Definitions:

- 3.1. **Philosophy:** A theory that is a guiding principle for planning or behaviour.
- 3.2. **A Course Manager:** the individual responsible for a course and who has line management responsibilities for its teaching staff. The equivalent role at the Higher Education Research Centre is the Education Manager.

### 4. Principles:

- 4.1. ANMEC will systematically evaluate the quality of its courses by holding regular, scheduled course evaluation events in order to meet its requirement to evaluate its training strategies and practices, and to fulfil its organisational commitment to continuous improvement.
- 4.2. ANMEC's course evaluation events will be held at least once per year per course.
- 4.3. For course's that are taught wholly on a different campus or as part of a third-party agreement, a separate course evaluation event will be held.
- 4.4. ANMEC's course evaluation events will endeavour to determine that a course:
  - a) maintains consistency with the relevant training package and VET accredited course;
  - b) enables each learner to meet the requirements for each unit of competency in the course;
  - c) has appropriate learning resources and facilities available for the delivery of the course;

- d) has sought and incorporated feedback, including industry feedback, as per policy 6.2 Stakeholder Engagement;
  - e) has rectified issues with the course that are being tracked by the Continuous Quality Improvement Register, as per policy 6.3 Continuous Quality Improvement;
  - f) has its units of competency sequenced according to an explicit philosophy;
  - g) contains both summative and formative assessment opportunities;
  - h) works to embed contemporary approaches to learning and teaching practice at the course level via the training of staff and the ongoing review of course materials and delivery;
  - i) provides students with a variety of work placement experiences that are appropriately supervised and monitored to enable students to meet their work placement outcomes;
  - j) has teaching materials and content that have been updated to ensure the currency of course materials; and
  - k) ensures that key course documentation, such as the Teaching and Assessment Strategy, has been kept up to date and accurately reflects the current state of the course.
- 4.5. Course evaluation events will examine a course's overall quality. In addition to this course level evaluation, a single unit of competency will be selected to examine in detail. The same unit of competency should not be examined more than once within a five-year period.
- 4.6. ANMEC's evaluation of a single unit of competency will endeavour to determine:
- a) whether feedback from the quality cycle improved the unit of competency or staff delivery of the unit of competency;
  - b) whether health care research influenced the design, content, and/or delivery;
  - c) if content makes reference to health policy or reforms to health policy;
  - d) if content makes reference to contemporary and emerging issues related to the unit of competency;
  - e) if appropriate learning resources and facilities are available for the delivery of the unit of competency;
  - f) whether there is a constructive relationship between formative and summative assessment;

- g) whether course content is congruent with contemporary and evidence-based approaches to practice;
  - h) whether content includes reference (where relevant) to culturally safe practice;
  - i) whether alignment exists between course level documentation and unit of competency documentation; and
  - j) whether the unit of competency utilises contemporary approaches to learning and teaching practice appropriate to the material being delivered, that align with best practice, and ensure the best possible outcomes for students;
- 4.7. Outcomes generated by course evaluation events will be addressed via the Centre's quality cycle as detailed in policy 6.3 Continuous Quality Improvement.

## 5. Responsibilities:

- 5.1. Director of Learning and Development: Determine and implement ANMEC's strategy for meeting the requirements of this policy.
- 5.2. Compliance Officer: Contribute to the development of course evaluation strategies, processes, and procedures. Track ANMEC's compliance with this policy and the associated standards set out in 7.1 - 7.2. Participate in course evaluation events when appropriate.
- 5.3. Administration Team Leader: Provide support for and participate in course evaluation events when required.
- 5.4. Course Managers: Lead and/or participate in course evaluation events. When the course for which a course manager is responsible is being evaluated, the course manager must prepare for the event as per the instructions of the Director of Learning and Development and the Compliance Officer.
- 5.5. Educators: Participate in course evaluation events. When the course being evaluated is one in which the educator teaches, the educator must cooperate with the Course Manager to prepare for the event.

## 6. Procedures

- 6.1. The course evaluation process should take place as per the procedure outlined in 6.1.1 Course Evaluation.

## 7. Relevant Document/Links:

- 7.1. This policy is designed to be in compliance with ASQA standards:

- a) 1.1-1.5
  - b) 2.1-2.4
- 7.2. This policy is designed to be in compliance with ANMAC standards:
- a) 2.2–2.4
  - b) 4.5
  - c) 5.5
  - d) 8.4–8.5
  - e) 8.8
  - f) 9.1–9.5
- 7.3. Related ANMEC policies and procedures:
- a) 4.6.1 Assessment Validation
  - b) 6.1.1 Course Evaluation Procedure
  - c) 6.2 Stakeholder Engagement
  - d) 6.3 Continuous Quality Improvement

**8. Review**

- 8.1. It is the responsibility of each employee to ensure that they are aware of changes and updates to policies. All employees must ensure that they have the most current version of the policy.
- 8.2. This policy is to be reviewed no less frequently than every two years. Changes to this policy will require approval by the Executive Council.

**9. Document History and Version Control:**

<b>Last amendment:</b>	June 2022	<b>Next Review:</b>	June 2024
<b>Sponsor:</b>	DLD		
<b>Contact Officer:</b>	Compliance Officer		

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1	<b>Dec 2018</b>	CEO	Final
2.1	08/06/2022	Compliance Officer	Major Amendments
2.0	29/06/2022	Executive	Final

## 6.2 STAKEHOLDER ENGAGEMENT

### 1. Policy statement

- 1.1. This policy sets out the aims of the ANMEC and HERC in regards to seeking, obtaining and utilising input from its stakeholders in accordance with the requirements of the ANMEC's accrediting bodies.

### 2. Application

- 2.1. This policy is applicable to:
  - The Director of Learning and Development;
  - the ANMFSA Compliance Officer;
  - the Administration Coordinator; and
  - Course Managers

### 3. Definitions

- 3.1. **Consumer:** A person who uses, or potentially uses health services, including their family and carers. Consumers may participate as individuals, groups, organisations of consumers, consumer representatives or communities.
- 3.2. **A Course Manager:** the individual responsible for a course and who has line management responsibilities for its teaching staff. The equivalent role at the Higher Education Research Centre is the Education Manager.

### 4. Principles

- 4.1. ANMEC will systematically seek stakeholder input in order to meet its requirement to evaluate its training and assessment strategies and practices, and to fulfil its organisational commitment to continuous improvement.
- 4.2. ANMEC will seek stakeholder input from:
  - a) current students;
  - b) graduates;
  - c) industry representatives;
  - d) employers;
  - e) consumers;
  - f) Aboriginal and Torres Strait Islanders health professionals and communities; and
  - g) teaching staff.
- 4.3. ANMEC will seek stakeholder input regarding:

- a) choice of elective units;
  - b) governance;
  - c) course design;
  - d) course management;
  - e) course content;
  - f) course delivery;
  - g) course evaluation;
  - h) course assessment;
  - i) teaching staff evaluation;
  - j) clinical supervisor effectiveness; and
  - k) other issues considered by ANMEC to contribute to its continuous improvement.
- 4.4. Specifically, ANMEC will meet the requirements of the ASQA and ANMAC standards by obtaining stakeholder input via:
- a) the administration of the quality indicator annual survey;
  - b) validation outcomes;
  - c) student and staff feedback;
  - d) holding advisory and/or consultative groups with health consumers and industry representatives;
  - e) engaging in partnerships with Aboriginal and Torres Strait Islander health professionals and communities;
  - f) seeking student representation in matters related to 4.3 b) – j); and
  - g) consultation with industry in matters related to 4.3 a);
  - h) complaints and appeals data; and
  - i) surveys, focus groups, or other stakeholder feedback mechanisms.
- 4.5. Stakeholder input obtained by ANMEC will be addressed via the Centre's quality cycle as detailed in policy 6.3 Continuous Quality Improvement.

## 5. Responsibilities

- 5.1. **Director of Learning and Development:** Determine and implement ANMEC's strategy for meeting the requirements of this policy.
- 5.2. **Compliance Officer:** Contribute to the development of stakeholder engagement processes and the interpretation of data produced by such engagement. Track ANMEC's compliance with this policy and the associated standards set out in 7.1 and 7.2. Participate in stakeholder engagement activities when appropriate.

- 5.3. **Administration Coordinator:** Provide support and participate in stakeholder engagement activities when required.
- 5.4. **Course Managers:** ensure quality indicator annual surveys are conducted by their staff. Lead and/or participate in stakeholder engagement activities.

## 6. Procedures

- 6.1. The quality indicator annual survey will be administered as per procedure 6.2.1 QIAS Learner Questionnaire Administration and 6.2.2 QIAS Employer Questionnaire Administration.
- 6.2. Validation outcomes will be actioned as per procedure 4.6.1 Assessment Validation.
- 6.3. Student surveys will be developed and administered that seek student input on, but not be limited to, 4.3 b) to j)
- 6.4. A student consultative committee should be established to seek student input on, but not be limited to, 4.3 b) to j)
- 6.5. Industry engagement should align with policy 4.8 Industry Engagement;
- 6.6. Course advisory committees should be established which:
  - a) seeks input from industry representatives;
  - b) are empowered to establish sub-committees to advise on the development of new or renewed programs as needed, including the choice of new electives;
  - c) provide for consumer representation;
  - d) provide for partnerships with Aboriginal and Torres Strait Islander health professionals and communities.
- 6.7. Complaints and appeals data will be stored as per procedure 3.5.1 Complaints. The ANMEC Leadership Committee should discuss trends related to this data no less than once per year.

## 7. Relevant Documents/Links

- 7.1. This policy is designed to be in compliance with ASQA standards:
  - a) 1.5-1.6
  - b) 2.2
  - c) 7.5
- 7.2. This policy is designed to be in compliance with ANMAC standards:
  - a) 1.5
  - b) 3.1

- c) 4.8
- d) 6.6
- e) 9.2-9.5

7.3. Related ANMEC policies and procedures:

- a) 3.5.1 Complaints
- b) 4.6.1 Assessment Validation
- c) 6.3 Continuous Quality Improvement
- d) 6.2.1 QIAS Learner Questionnaire Administration
- e) 6.2.2 QIAS Employer Questionnaire Administration

**8. Review:**

8.1. It is the responsibility of each employee to ensure that they are aware of changes and updates to policies. All employees must ensure that they have the most current version of the policy.

8.2. This policy is to be reviewed no less frequently than every two years. Changes to this policy will require approval by the Executive Council.

**9. Document History and Version Control:**

<b>Last amendment:</b>	June 2022	<b>Next Review:</b>	TBA
<b>Sponsor:</b>	Director L&D		
<b>Contact Officer:</b>	Compliance Officer		

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1	Dec 2018	CEO	Final
2.1	07/06/2022	Compliance Officer	Major Amendments
2.0	29/06/2022	Executive	Final

## 6.3 CONTINUOUS QUALITY IMPROVEMENT

### 1. Policy statement

- 1.1. ANMEC and HERC are committed to supporting processes of systematic review and evaluation that contribute to the continuous quality improvement of its services, products, practices, policies and procedures.
- 1.2. ANMEC and HERC's commitment to continuous quality improvement is purposefully designed to ensure optimal outcomes for students, staff, and other stakeholders, and to ensure compliance with relevant standards, acts, and regulations.

### 2. Application

- 2.1. This policy is applicable to:
  - The Director of Learning and Development;
  - the ANMFSA Compliance Officer;
  - the Administration Coordinator;
  - Course Managers; and
  - Educators.

### 3. Definition

- 3.1. **Continuous quality improvement register:** A file or cloud-based resource, accessible to all staff, that allows for the recording and monitoring of continuous quality improvement activities.
- 3.2. **EQAVET Quality Cycle:** European Quality Assurance in Vocational Education and Training (EQAVET), is a set of standards used within the European Union to ensure quality in VET. The EQAVET Quality Cycle is a process based on the Deming Cycle (Plan-Do-Check-Act), but which uses the stages 1. Planning, 2. Implementation, 3. Evaluation, 4. Review.
- 3.3. **A Course Manager:** the individual responsible for a course and who has line management responsibilities for its teaching staff. The equivalent role at the Higher Education Research Centre is the Education Manager.

### 4. Principles

- 4.1. ANMEC and HERC will implement a process of continuous quality improvement that engages staff and management in the identification, actioning, and review of continuous quality improvement items.

- 4.2. The continuous quality improvement process will guide staff towards best practices in their fields of endeavour and ensure compliance with relevant standards, acts, and regulations.
- 4.3. The continuous quality improvement process will take on feedback from students, industry and other stakeholders and provide a clear path for addressing issues raised in a timely manner.
- 4.4. The continuous quality improvement process will monitor complaints, appeals, and their outcomes.
- 4.5. ANMEC and HERC's continuous quality improvement processes will be included in staff orientation and induction sessions.
- 4.6. The continuous quality improvement process will enable all staff members to identify potential avenues for quality improvement and enter these onto a Continuous Quality Improvement Register (CQIR).
- 4.7. The CQIR will be continually monitored so that issues raised can be allocated to a staff member for resolution in a timely manner.
- 4.8. A key element of ANMEC and HERC's approach to continuous quality improvement is the implementation of a system of regular audits to ensure compliance and broaden understanding of compliance among staff.
- 4.9. ANMEC and HERC's approach to continuous quality improvement will align to the European Quality Assurance Reference Framework for Vocational Education and Training's [EQAVET quality assurance cycle](#).

## 5. Responsibilities

- 5.1. **Director of Learning and Development:** Determine and implement ANMEC's strategy for meeting the requirements of this policy. Monitor direct reports to ensure their compliance with the policy. Ensure complaints and appeals are entered into the CQIR. In role as Chair of ALC, ensure CQIR is monitored.
- 5.2. **Compliance Officer:** Ensure the technical maintenance of the CQIR. Run and collate the findings of the QIAS surveys and perform audits. Coordinate with the Director of Learning and Development and the Administration Team Leader to monitor the application of this policy by course managers. Intervene where appropriate.
- 5.3. **Administration Coordinator:** Work with the Director of Learning and Development and the Compliance Officer to ensure the correct application of this policy by direct

reports. In role as Chair of Operational Sub-Committee (OSC) monitor CQIR items assigned to the OSC.

- 5.4. **Course Managers:** In role as Chair of the Academic Sub-Committee (ASC) monitor CQIR items assigned to the OSC. In role as Chair of program committees add items to the CQIR as appropriate. Ensure the correct application of this policy by direct reports. Provide direct reports with information and advice on this policy when needed.
- 5.5. **Educators:** Ensure areas for improvement identified during the course of their duties are entered onto the CQIR.
- 5.6. All staff have a responsibility to complete CQIR items assigned to them.

## 6. Procedures

- 6.1. The CQIR will be jointly monitored on a day-to-day basis by the Director of Learning and Development and the ANMFSA Compliance Officer.
- 6.2. The CQIR will be formally reviewed at all meetings of the ANMEC Leadership Committee (ALC) and its sub-committees to monitor progress against previously identified issues and allocate staff to new CQIR items.
- 6.3. The Director of Learning and Development (or their proxy) should enter deidentified complaints and/or appeals into the CQIR.
- 6.4. Lead Validators and Lead Evaluators of validation (policy 4.6 Assessment) and evaluation events (policy 6.1 Course Evaluation) will be required to enter quality issues identified in the conduct of their events into the CQIR.
- 6.5. Feedback arising from stakeholder engagement (policy 6.2 Stakeholder Engagement) that leads to the identification of issues or plans of action should have those items entered into the CQIR by the Chair of the grouping from which the feedback arose.
- 6.6. In situations in which feedback is gathered from a survey, questionnaire (other than the QIAS), or direct engagement with students or other stakeholders, the Course Manager should exercise professional judgement and determine whether items should be entered into the CQIR.
- 6.7. The ANMFSA Compliance Officer should report issues identified by the QIAS questionnaires (procedures 6.2.3 and 6.24) to the ALC for entry onto the CQIR.
- 6.8. Items should be entered on the CQIR as per Appendix 1: CQI Process Map

- 6.9. The ANMFSA Compliance Officer will audit the ANMEC against relevant standards on an ongoing basis. The audits will require set tasks to ascertain compliance. These will be assigned to ANMEC staff members in consultation with the Director of Learning and Development and Course Managers.
- 6.10. The outcomes of the audit process will be entered into the CQIR and a list of actionable items will be made available at meetings of the ALC and its sub-committees.
- 6.11. The Director of Learning and Development, Committee Chairs, Lead Validators/Evaluators, Course Managers, and the ANMFSA Compliance Officer, where appropriate and relevant, will work with staff allocated items on the CQIR in order to exploit the developmental opportunities posed by continuous improvement activities.
- 6.12. Training on how to enter an issue on the CQIR will be made available to staff to encourage timely reporting of quality issues. Staff are responsible for entering quality issues, encountered in the performance of their duties, into the CQIR.
- 6.13. In order to ensure alignment to the EQAVET quality assurance cycle, where possible, procedures should be designed to incorporate implicit or explicit planning, implementation, evaluation, and review stages.

## 7. Relevant Documents/Links

- 7.1. This policy is designed to be in compliance with ASQA standards:
  - a) 1.4
- 7.2. This policy is designed to be in compliance with ANMAC standards:
  - a) 9.1
  - b) 9.4
- 7.3. Related ANMEC policies and procedures:
  - a) 3.5 Complaints
  - b) 3.6 Appeals
  - c) 4.6 Assessment
  - d) 4.6.1 Assessment Validation Procedure
  - e) 6.1 Course Evaluation
  - f) 6.1.1 Course Evaluation Procedure
  - g) 6.2 Stakeholder Engagement
  - h) 6.2.3 QIAS Learner Questionnaire Administration
  - i) 6.2.4 QIAS Employer Questionnaire Administration
  - j) 6.3 Continuous Quality Improvement
  - k) 6.18 Education Staff Orientation

## 8. Review

- 8.1. It is the responsibility of each employee to ensure that they are aware of changes and updates to policies. All employees must ensure that they have the most current version of the policy.
- 8.2. This policy is to be reviewed no less frequently than every two years. Changes to this policy will require approval by the Executive Council.

## 9. Document History and Version Control:

<b>Last amendment:</b>	June 2022	<b>Next Review:</b>	June 2024
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<b>Contact Officer:</b>	Compliance Officer		

Version	Date Approved	Approved by	Brief description
7	Dec 2018	CEO	Final
8.1	21/06/2022	Compliance Officer	Major Amendments
8.0	28/06/2022	Executive	Final

## 6.4 RISK MANAGEMENT

### 1. Policy statement

- 1.1. ANMEC is responsible for undertaking a systematic assessment of the risks which may arise in the provision of service and establish quality improvements to minimise the impact on students, staff, services and the organisation, in consultation with HERC.

### 2. Principles

- 2.1. Risk management will be rigorous without being stifling.

### 3. Implementation

- 3.1. Risk assessment will be undertaken and risk management strategies will be developed, implemented and reviewed annually.
- 3.2. This includes areas such as (but not limited to) financial viability risk, validation of training and assessment services, third party arrangements and issuance of AQF certification documentation.

### 4. Definitions

- 4.1. Risk– the chance that an event will occur which will impact upon the core business of ANMEC and /or HERC
- 4.2. Risk assessment– the process used to identify risks and the likelihood, frequency and consequences of their occurrence.
- 4.3. Risk management– development of strategies to manage the effects of risks.

### 5. Roles and responsibilities

- 5.1. The CEO/Secretary ANMF (SA & TAS Branch) and the Executive of ANMF (SA & TAS Branch) have overall responsibility for risk assessment and management.
- 5.2. The ANMF (SA and TAS Branches) has the responsibility of developing and implementing a risk management strategy for the RTOs.
- 5.3. Staff are responsible for ensuring compliance with the risk management strategy.

### 6. Cross references

Standards for Registered Training Organisations (2015):

Standard 1

Clauses 7.1 – 7.2

Standard 8

Clauses 3.1 – 3.4

Clauses 2.3 – 2.4

ANMAC:

Standard 1.6

AQF Qualifications Issuance Policy

## 7. Administration

Authority CEO/Secretary ANMF (SA Branch)

Date of origin July 2009

Last reviewed Dec 2018

Version 5

Review date Dec 2020

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## 6.5 PARTNERSHIP (THIRD PARTY) AGREEMENTS

### 1. Policy statement

- 1.1. If ANMEC collaborates with another organisation for VET assessment, training and/or certification services, it will initiate a written agreement with the other organisation. ANMEC will keep a Partnerships register of all agreements and will forward a copy of the agreement to the other organisation and regulatory bodies as required.

### 2. Principles

- 2.1. The other organisation and ANMEC will comply with the relevant legislation, including the Training and Skills Development Act 2008 and Standards for Registered Training Organisations (RTOs) 2015 in achieving the best outcomes for students.

### 3. Implementation

- 3.1. Written agreements with other organisations will include the following:
  - the name and address of both organisations
  - the name of the chief executive officer (CEO) or equivalent of both organisations
  - the name and contact details of the primary contact at the other organisation
  - the program offered, including the relevant Training Package qualification or accredited course which includes the code, title and units of competency.
  - a list of services offered by the other organisation e.g. training and/or assessment
  - a statement outlining the level of service offered e.g. 'the ANMEC as RTO, will provide....'
  - a statement acknowledging that the RTO is always responsible for training, assessment and certificates issued in its name
  - a verified copy of the RTO's Certificate of Registration and Scope Certificate
  - signatures of the CEOs (or equivalent or delegates) of both organisations
  - dates for the period of the agreement
  - fees related to the agreement and the collection of fees arrangements including any arrangement to collect fees prior to commencement
  - the agreement will make clear where a third party is recruiting prospective students for the RTO on its behalf
  - distinguishes where ANMEC is delivering training and assessment on behalf of another RTO or where training and assessment is being delivered on its behalf by a third party
  - provisions that students are informed prior to enrolment of any third party agreements that may affect their learning and/or assessment services. This includes the name and contact details of any third party that will provide training and assessment, and related educational support services to the student on the RTOs behalf
  - responsibilities of each party in ensuring that students are informed as soon as practicable of any changes to services provided
  - the rights of the student in the event that the third party delivering training and assessment on ANMEC's behalf closes or ceases to deliver any part of the training product that the student is enrolled in
  - assurance that the third party will commit to the adherence to ANMEC policies and procedures including complaints / appeals procedures

- written confirmation that the third party will cooperate with the VET Regulator and comply with the Standards for Registered Training Organisations (RTOs) 2015
- how third-party arrangements will be monitored to ensure compliance

#### 4. Roles and responsibilities

- 4.1. The Head of Learning & Development will liaise with the intended partner to negotiate the agreement in consultation with the Director, Operations and Strategy.
- 4.2. The Administrative Officer will ensure that both parties have a signed copy of the agreement and will enter the details of the agreement on the "Register of Partnerships".
- 4.3. The Head of Learning & Development will monitor and manage the agreement to ensure compliance.

#### 5. Definitions

- 5.1. Third party - means any party that provides services on behalf of ANMEC but does not include a contract of employment between ANMEC and its employee.

#### 6. Cross references

Standards for Registered Training Organisations (RTOs) 2015:  
Standards 4.1, 2.3, 2.4, 5.2, 5.3, 5.4, 6.1, 6.2, 7.3, 8.2.

ANMAC:  
Standard 1.11

#### 7. Administration

Authority CEO/Secretary ANMF (SA Branch)  
Date of origin August 2011  
Last reviewed Dec 2018  
Version 6  
Review date Dec 2020

## 6.6 EQUAL OPPORTUNITY AND ACCESS

### 1. Policy Statement:

- 1.1. This policy sets out the objectives and guidelines for staff and students of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC) in regard to ensuring adherence to equity and access principles.
- 1.2. ANMEC and HERC are committed to providing all students with equal opportunities to pursue their training and development. This policy and procedure are to be used by ANMEC and HERC to integrate access and equity principles into all training and assessment activities it conducts or is conducted on its behalf.
- 1.3. ANMEC and HERC recognise that particular groups of people in society have experienced, and continue to experience, institutional disadvantage and unequal educational outcomes. Accordingly, ANMEC and HERC reserve the right to implement special initiatives designed to overcome the results of discrimination.
- 1.4. ANMEC and HERC recognise the rights of individuals and groups to be free from discrimination, harassment and bullying in education on grounds including:
  - Age
  - Disability
  - Race, colour, nationality, descent, and ethno-religious or national extraction
  - Sex
  - Sexuality
  - Family responsibilities
  - Marital status
  - Pregnancy
  - Religion
  - Politics

### 2. Application:

- 2.1. This policy is applicable to:
  - All staff and students

### 3. Definitions:

- 3.1. **Access and Equity principles** include:
  - Equity for all people through the fair and appropriate allocation of resources
  - Equality of access for all people to appropriate quality training and assessment services
  - Increased opportunity for people to participate in training

- 3.2. **A Course Manager** is the individual responsible for a course and who has line management responsibilities for its teaching staff. The equivalent role at the Higher Education Research Centre is the Education Manager.

#### 4. Principles:

- 4.1. ANMEC and HERC are committed to promoting equity and anti-discrimination and will ensure that staff and students are provided with a safe, healthy and respectful environment.
- 4.2. The RTO will at all times seek to comply with the requirements of legislation, codes and other regulations relevant to this policy. This policy covers all ANMEC policies and procedures and all training function activities.
- 4.3. ANMEC and HERC will endeavour to remove barriers and to open up developmental opportunities for all students by creating a workplace and training environment that is free from discrimination, harassment, bigotry, prejudice, racism and offensive behaviour.
- 4.4. All students will receive fair and equitable treatment in all aspects of training and any employment opportunities without regard to disability, political affiliation, race, colour, religion, national origin, sex, sexuality marital status, pregnancy or family responsibilities.
- 4.5. Students will receive equitable access to resources, facilities, equipment and training and assessment opportunities to ensure the best potential outcomes for success, no matter where or how they are studying.

#### 5. Responsibilities:

- 5.1. ANMEC's Director of Learning and Development is responsible for the implementation and maintenance of the policy.
- 5.2. The CEO/Secretary ANMF (SA and TAS Branches) have the ultimate responsibility for equal opportunity matters.
- 5.3. Director of Learning & Development: Day-to-day responsibility has been delegated to the ANMEC Head of Learning and Development who may be contacted for information or assistance at the ANMF (SA Branch).

#### 6. Procedures:

- 6.1. All parties will have access to the entry and admission requirements that influence the course selection process. These requirements will be clearly outlined in all

- Training and Assessment Strategies and in all marketing material, allowing all parties to be well informed in the course selection process.
- 6.2. Admission requirements may include material, academic, physiological, and psychological requirements considered to be pre-requisite for enrolling candidates. The enrolment process and the ability of the RTO to support the enrolment of a student is determined based on the student meeting these pre-requisite requirements.
  - 6.3. On the basis of the admission requirements established for enrolment in each course, a range of educational and support services will be provided by the RTO to cater for the needs of students and to support their ongoing training. In the case of a VET in school student ANMEC will liaise closely with the school to seek additional assistance and support from the school where needed.
  - 6.4. Allowable reasonable adjustment may be offered for those requiring aids, technology, extra time, alternative assessment methods etc.
  - 6.5. A person may be excluded under this policy if they are unable to meet occupational health and safety standards or if their ability to participate poses risks to safety to themselves or others
  - 6.6. All educators are responsible for adhering to this policy.
  - 6.7. This policy will be accessible via the website and the Student Handbook
  - 6.8. ANMEC has a published Complaints and Appeals Policy which provides students and others with avenues to make a complaint or to appeal a decision (including assessment decisions).
  - 6.9. Any complaints will be dealt with confidentially, quickly, seriously and in an unbiased manner. Students and staff may approach a member of the ANMEC or HERC staff, the Course Managers or RTO Management.
  - 6.10. In addition, any person has the right at any time to contact the Equal Opportunity Commission for information or advice or to lodge a complaint.

## 7. Relevant Documents/Links

- 7.1. This policy is designed to be in compliance with the Standards for RTOs 2015:
  - Clauses 1.3, 1.7, 5.1, 5.2, 8.5
- 7.2. This policy is designed to be in compliance with ANMAC standards:
  - Standard 6

## 7.3. Related ANMEC policies and Procedures:

- 3.4 student support
- 6.10 Code of behaviour
- 3.5 Complaints
- 3.6 Appeals

## 7.4. Relevant legislation:

- Commonwealth Racial Discrimination Act 1975
- Commonwealth Sex Discrimination Act 1984
- Commonwealth Disability Discrimination Act 1992
- Commonwealth Racial Hatred Act 1995
- Disability Services Act 2006
- Equal Opportunity Act 1984 (SA) for South Australian students
- The Anti-Discrimination Act 1998 (Tas) for Tasmanian students

**8. Review**

- 8.1. This Policy will be monitored and reviewed to ensure that they continue to recognise and incorporate the rights of individuals.
- 8.2. This Policy is to be administered by the Head of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

**9. Document History and Version Control:**

<b>Last amendment:</b>	February 2020	<b>Next Review:</b>	July 2022
<b>Sponsor:</b>			
<b>Contact Officer:</b>			

Version	Date Approved	Approved by	Brief description
6	04.03.2020	Lea Hague	Reformatted ANMEC/HERC
7.1	09/06/2022	Director L&D	Major Amendments
7.0	29/06/2022	Executive	Final

## 6.7 ABORIGINAL AND TORRES STRAIT ISLANDER

### 1. Policy Statement:

- 1.1. ANMEC and HERC are committed to improving the educational outcomes and wellbeing of Aboriginal and Torres Strait Islander students so that they are encouraged to excel and achieve in every aspect of their training.
- 1.2. ANMEC and HERC are also committed to increasing knowledge and understanding among staff and students of the histories, cultures and experiences of Aboriginal and Torres Strait Islander people as the First Peoples of Australia.

### 2. Application:

- 2.1. This policy is applicable to:
  - All staff and students

### 3. Definitions:

- 3.1. For Terminology refer to the document ANMEC HERC Policy Manual.

### 4. Principles:

- 4.1. ANMEC and HERC have an obligation to ensure these commitments affirm the inherent right of Aboriginal and Torres Strait Islander students to fair, equitable, culturally inclusive and significant educational opportunities so that all students obtain a high-quality education as a platform for enriching their life chances and achieving their full potential.
- 4.2. ANMEC and HERC will endeavour to provide Aboriginal and Torres Strait Islander cultural education through providing opportunities for professional learning and career development experiences for all staff and students.

### 5. Responsibilities:

- 5.1. ANMEC Management is responsible for ensuring training programs contain learning about Aboriginal and Torres Strait Islander people's history, health, wellness, culture and culturally safe practices.
- 5.2. All staff are accountable for:
  - a) Ensuring the workplace and study environment is culturally inclusive and free from race discrimination and harassment as per policy 6.6 Access and Equity;

- b) Acknowledging the identities of Aboriginal and Torres Strait Islander students; and
- c) Providing supportive and culturally inclusive learning environments for Aboriginal students

## 6. Procedures:

- 6.1. ANMEC and HERC will endeavour to have Aboriginal and Torres Strait Islander representation on the Course Advisory Committee and course advisory sub-committees.

## 7. Relevant Documents/Links

- 7.1. ANMEC Policies and Procedures
  - 3.4 Student Support
  - 3.5 Complaints
  - 6.6 Access and Equity
  - 6.10 Code of Behaviour
- 7.2. Standards for Registered Training Organisations (RTOs) 2015
  - Standard 5
- 7.3. ANMAC, Enrolled Nurse Accreditation Standards 2017:
  - 1.5
  - 3.1
  - 4.6
  - 6.7
  - 7.4

## 8. Review:

- 8.1. This Policy is to be administered by the Director of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

## 9. Document History and Version Control:

<b>Last amendment:</b>	June 2020	<b>Next Review:</b>	June 2022
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4	Dec 2018	CEO/Secretary ANMF (SA Branch)	
5	June 2020	HoLD	Review and Reformat
6.1	23/06/2022	DLD	Major Amendments
6.0	29/06/2022	Executive	Final

## 6.8 PRIVACY AND CONFIDENTIALITY

### 1. Policy Statement:

- 1.1. This policy sets out the aims of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC) (the provider) in regards to their conduct of practices related to privacy, confidentiality and information sharing.
- 1.2. The policy detailed below is designed to comport with the Australian Privacy Principles and the acts and standards that govern the delivery of the provider's educational provision.
- 1.3. This policy is to be read as supplemental to the ANMF(SA) Privacy Policy and the ANMF(SA) Confidentiality and Intellectual Property Policy and adds further information related to practices specific to the provider that do not contradict the aforementioned ANMF(SA) policies.
- 1.4. The ANMF(SA) Privacy Policy and the ANMF(SA) Confidentiality and Intellectual Property Policy are available to students upon request.

### 2. Application:

- 2.1. This policy is applicable to:
  - Director Education, Aged Care and Research;
  - Course Managers;
  - Administrative Services Officers;
  - The ANMFSA Compliance Officer;
  - Educators; and
  - Students.

### 3. Definitions:

- 3.1. Personal information: Information or opinion, whether true or not, regarding an individual whose identity is apparent or can be reasonably ascertained from the information or opinion.
- 3.2. Privacy: Privacy has multiple definitions, for the purpose of this policy, it is, in part, the right to be able to control who can see or use information about you. For further information, see the [Australian Privacy Principles](#) website.

#### 4. Principles:

- 4.1. The provider will act to safeguard the privacy of staff and students and maintain the confidentiality of personal information it collects.
- 4.2. Students are required to respect the privacy of organisations in which they undertake placements and the clients/patients and their families they interact with while on placement.
- 4.3. Student personal information must be managed in accordance with the Australian Privacy Principles.
- 4.4. The provider will ensure confidential treatment of student records, including special provision for the treatment of records related to student complaints and appeals.
- 4.5. The provider has an obligation to provide information as and when requested by the relevant authorities under the provisions of the National Vocational Education and Training Regulator Act 2011, The South Australian Skills Development Act 2008, or any other relevant legislation and regulation.
- 4.6. As under 4.5, the provider may need to disclose student information, students have a right to be notified of how their information may be disclosed, including potential disclosure to the Commonwealth.
- 4.7. Information disclosed by a student in confidence to a staff member may need to be disclosed under mandatory reporting requirements or where there may be legal obligations to report matters to others.
- 4.8. Students have a right to access and correct their personal information and the provider will have a clear procedure that allows a student, enrolled with the provider, to apply for, and receive, a copy of personal information held by the provider in relation to the student and, where necessary, correct that information.
- 4.9. Student information regarding VET is only to be made available to officers defined in the VSL Act section 92(1).

#### 5. Responsibilities:

- 5.1. Director, Education, Aged Care and Research: Determine and implement ANMEC's strategy for meeting the requirements of this policy and will ensure ongoing compliance with the policy.
- 5.2. Course Manager: Ensure direct reports are in compliance with the policy. Ensure that any requests regarding personal information are followed through.

- 5.3. Educators: To direct students through the proper channels if there is a query. To maintain accurate personal information and maintain confidentiality.
- 5.4. Administrative Services Officers: To maintain accurate student information and provide this information if requested or change if necessary due to inaccuracy.
- 5.5. Students: Must sign a declaration during enrolment, attend induction sessions during which privacy will be addressed and act in accordance with principle 4.2.

## 6. Procedures:

- 6.1. To satisfy principles 4.1 and 4.9, the importance of proper records management, privacy, confidentiality, and the rules regarding information sharing will be covered during staff induction processes and ongoing staff CPD.
- 6.2. To ensure students' awareness of principle 4.2, it will be covered during the student's course or placement inductions and students will be instructed to deidentify information used in assignments.
- 6.3. Principle 4.3 and 4.4 concerning the management of student information and records, are addressed by policy 3.11 Records Management and the ANMF(SA) policies mentioned in 1.3.
- 6.4. To satisfy principle 4.6, students will be informed in writing during the enrolment process of principle 4.5 and asked to sign a participant agreement form regarding the collection and use of personal information.
- 6.5. Principle 4.7 is governed by policy 6.13 Mandatory Reporting of Abuse of a Child or Young Person.
- 6.6. As per the ANMF(SA) Privacy Policy and provider policy 3.11 Records Management, section 4.9 b-c, students have a right to access and correct their personal information. In order to do so, students should follow the procedure described in the ANMF(SA) Privacy Policy, p.9.

## 7. Other Relevant Documents/Links/Cross references

- 7.1. This policy is designed to be in compliance with the requirements of the:
  - a) Privacy Act 1988
  - b) National Vocational Education and Training Regulator Act 2011
  - c) The South Australian Skills Development Act 2008
  - d) Australian Privacy Principles (APPs)
  - e) VSL Rules 2016
  - f) VSL Act 2016
- 7.2. Related ANMEC or ANMF(SA) policies and procedures:
  - a) 3.11 Records Management

- b) ANMF(SA) Privacy Policy
- c) ANMF(SA) Confidentiality and Intellectual Property Policy

7.3. The Standards for RTOs 2015:

- a) Standard 8, Clause 8.5

## 8. Review:

- 8.1. It is the responsibility of each employee to ensure that they are aware of changes and updates to policies. All employees must ensure that they have the most current version of the policy.
- 8.2. This policy is to be reviewed no less frequently than every two years. Changes to this policy will require approval by the Executive Council.

## 9. Document History and Version Control:

<b>Last amendment:</b>	Sept 2022	<b>Next Review:</b>	Sept 2024
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7.0	29/09/2022	Executive	Final
6.2	21/09/2022	ASC	Major Amendments
6.1	20/09/2022	Compliance Officer	Draft
6.0	04.03.2020	Lea Hague	Reformatted ANMEC/HERC

## 6.9 WORKPLACE HEALTH AND SAFETY

### 1. Policy statement

- 1.1. ANMEC and HERC are committed to ensuring that, as far as reasonably practicable, the environment for staff and students is safe from risks of injury and risks to health and that appropriate intervention and resolution measures are in place to deal with WHS issues quickly.

### 2. Principles

- 2.1. This policy covers employees, students and any contractors or visitors that are engaged in approved training at designated training sites of ANMEC or HERC.
- 2.2. Staff, students and visitors in any training area must act in accordance with work health, safety and welfare legislation and any other relevant regulations, codes or relevant workplace awards.
- 2.3. Organisations delivering training on behalf of the ANMEC must have equivalent policies and procedures that they are prepared to produce on request from the Director, Operations and Strategy or delegate.
- 2.4. The CEO/Secretary ANMF (SA & TAS Branches), Director, Operations and Strategy must be notified as soon as practicable of WHS issues.
- 2.5. Whenever possible, a consultative approach should be used to address WHS issues.
- 2.6. Objectives and a time frame should be utilised when resolving WHS issues.
- 2.7. Employees, educators and students must take reasonable care to protect their own health and safety and the health and safety of others who may be affected by their actions or omissions.
- 2.8. WHS must be a permanent agenda item for formal ANMEC and HERC staff meetings.

### 3. Implementation

- 3.1. WHS policies and procedures are available at all times to staff and students.
- 3.2. Employees, educators and students must:
  - use equipment provided to protect health and safety
  - obey reasonable instructions given on health and safety
  - ensure that they are not affected by alcohol or another drugs so that they may endanger themselves or others.
  - not act in a way that places themselves or other at risk of injury
- 3.3. Educators have an obligation to ensure that:
  - training environments are safe
  - equipment used in training is in good repair and safe
  - substances used in the training environment are correctly used and stored

- students are directly supervised when there is a potential for injury to occur
- they draw to the attention of students acts that may be endangering self or others
- they act as role models by adhering to WHS policies and procedures at all times
- students remain safe even if this compromises their ability to participate in training activities and/or assessments

3.4. Students need to be aware that:

- failure to demonstrate adherence to WHS policies and procedures in any training setting may lead to failure of a relevant unit and/or a unit or course of study
- failure to wear appropriate clothing and shoes for hands-on skills sessions may cause the educator to exclude the student from participating in practical activities which may, as a consequence result in failure to demonstrate competency of a unit
- failure to supply personal equipment as requested to prevent the spread of infection may result in exclusion of the student from practical activities which as a consequence may result in failure to demonstrate competency of a unit
- failure to follow WHS policies outside of the classroom may result in removal from training ( i.e. smoking).

#### 4. Roles and responsibilities

4.1. Accountability for WHS rests with the CEO/Secretary ANMF (SA & TAS Branches). The CEO/Secretary ANMF (SA & TAS Branches) via the Directors, Operations and Strategy are responsible for ensuring:

- effective implementation of the WHS policy
- that policies related to health, safety and welfare operating at the ANMF (SA & TAS Branches) are kept up to date
- that staff and students receive information regarding WHS during orientation

4.2. A written report concerning an incident will be provided to the CEO/Secretary ANMF (SA or TAS Branch) and the Director, Operations and Strategy within 24 hours of the incident.

4.3. The CEO/Secretary ANMF (SA or TAS Branch) via the Director, Operations and Strategy on behalf of the CEO/Secretary ANMF (SA or TAS Branch) has an obligation to ensure that staff and students follow the protocols stated in this policy.

4.4. Staff and students have a responsibility to report hazards, near misses and injuries no matter how minor.

#### 5. Cross references

- 6.15 Drugs and alcohol
- 6.16 Smoking

#### 6. Administration

Authority CEO/Secretary ANMF (SA Branch)  
Date of origin June 2001

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Last reviewed Dec 2018  
Version 7  
Review date Dec 2020

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Education Centre

## 6.10 CODE OF BEHAVIOUR

### 1. Policy statement

1.1. ANMEC and HERC support a code of behaviour for staff and students which will foster respectful and responsible behaviour.

### 2. Principles

2.1. Appropriate behaviour demonstrates the valuing of self and others and facilitates the safety and well-being of all.

2.2. Students, staff, contractors and visitors are expected to behave in a considerate and courteous manner when dealing with others while at any venue supplied or organised by ANMEC or HERC.

2.3. Whilst maintaining due regard for a student's right to privacy ANMEC staff reserve the right to discuss inappropriate behaviour by a student with:

- the student or students concerned
- people affected by that behaviour

2.4. Violence, intimidation, harassment and damage to property or equipment are not consistent with a safe and supportive learning environment and will not be tolerated.

2.5. People, who do not abide by the code of behaviour, unless immediately endangering self or others, have a right to be dealt with discreetly and fairly.

### 3. Implementation

3.1. Behaviours that significantly or repetitively interfere with the learning of others are unacceptable and must be recorded, reported and addressed.

3.2. Group norms will be established in the orientation session of each course.

3.3. A student may be suspended or have their enrolment terminated from a course for behaviour that contravenes the code of behaviour.

3.4. A student may be withdrawn from their course for dereliction of studies. A student who does not attend class, complete online activities or submit assessment as recorded on the training and assessment plan for a period of 60 calendar days will be notified by letter that they have been deemed to have abandoned their study and will be withdrawn.

### 4. Definitions

4.1. **Unacceptable student behaviour** includes but is not limited to:

- endangering the safety of self or others
- inappropriate physical contact and/or physical violence
- bullying and intimidation of any other person
- being affected by drugs and/or alcohol
- consistently disrupting the work of learning in the classroom

- inappropriate isolation of a group member from group activities
- putting at risk the good reputation of any other person
- making racist or sexist comments to any other person
- demeaning another person in any way
- constantly and inappropriately seeking attention
- behaving in a disruptive manner such as swearing, yelling, using offensive language
- inappropriate invasion of another's personal space
- stealing
- disobeying any reasonable direction by a staff member
- viewing or distributing offensive material via the internet, e-mail or any other means
- use of mobile phones in the classroom environment.
- Comments on social media websites

## 5. Roles and responsibilities

5.1. The police will be contacted in cases of possible criminal behaviour.

5.2. ANMEC staff and educators have a responsibility to:

- treat people in a fair and non-discriminatory way
- at all times act in a manner that facilitates learning by students
- take action if the Code of Behaviour is breached
- report breaches to the Course Coordinator

5.3. Students have a responsibility to:

- attend all scheduled classes/skills sessions or online activities as recorded on training plans
- attend all clinical placements as required
- complete assessments by the due date recorded on training or assessment plans
- observe the group norms and behaviour guidelines
- be courteous to staff and other students
- behave in a manner which does not interfere with the learning of others
- conduct themselves in a responsible manner while at the ANMF or any other designated point of delivery
- abide by the policies and rules of any host organisations
- contact their course coordinator if they have extenuating circumstances and need to defer their course
- contact their course coordinator if for any reason they are going to be absent for an extended period

## 6. Cross references

2.4 Termination of enrolment

3.5 Complaints

3.6 Appeals

- 4.7 Cheating and plagiarism
- 6.8 Privacy and confidentiality
- 6.15 Drugs and alcohol

## 7. Administration

Authority CEO/Secretary ANMF (SA Branch)  
Date of origin June 2001  
Last reviewed Dec 2018  
Version 6  
Review date Dec 2020

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## 6.11 NATIONAL POLICE CERTIFICATE

### 1. Policy statement

- 1.1. Students who undertake a clinical/work placement during their course are required to provide the original current screening and background check certificate to the relevant Course Coordinator or Administrator.
- 1.2. Students attending sites for placements are obligated to show current screening and background check certificates as per Health SA policy and/or Tasmanian Health sites, aged care facilities and community-based services. This policy aligns with Health SA policy and host services in Tasmania.

### 2. Principles

- 2.1. Information about a students' screening and background check is kept confidential.
- 2.2. Information about a student's screening and background check is provided to the relevant Course Coordinator and RTO Management.
- 2.3. No copies of screening and background check will be kept by the RTO.

### 3. Implementation

- 3.1. The only record retained is a notation that the screening and background check certificate has been sighted. This is recorded in Clinical/Work placement logbooks.
- 3.2. It is the applicant's responsibility to apply and pay for their screening and background check. The application instructions and form can be downloaded from the Moodle site.
- 3.3. Where a Screening and Background Check Certificate is not approved in SA, the Course Coordinator may be advised by DCSI and the information will be forwarded to Management for a decision. In Tasmania, each background check is assessed on an individual basis. Students providing checks with precluding offences will be advised accordingly.
- 3.4. Many host sites have specific requirements whereby National Police Certificates are only considered valid for a limited period of time (eg. Tasmanian Health Service). If a student's NPC is considered too old for the specific health service's requirements, the student will be advised and asked to obtain a new certificate.

### 4. Definitions

- 4.1. Screening and background check – often referred to as a 'police check', screening is an assessment of information obtained about an individual to determine whether they may pose a risk to a particular group of people in a professional or volunteer environment.

### 5. Roles and responsibilities

- 5.1. The screening and background check is the property of the applicant.
- 5.2. The student is responsible for following the instructions provided on Moodle and submitting them to the appropriate government department.

5.3. The student is responsible for carrying the original document at their clinical placement, and providing it as required. Photocopies will not be acceptable.

5.4. If a student's criminal history changes throughout their course of study they are required to immediately notify the Course Coordinator and will be asked to obtain a new National Police Certificate

## 6. External references

Health SA Nursing & Midwifery Student Clinical Placement Orientation Package (2014:9)

SA Department for Communities and Social Inclusion (DCSI)

<http://www.dcsi.sa.gov.au>

<https://www.police.sa.gov.au>

<http://police.tas.gov.au>

Placement Deed Dated 28th November 2016 Tasmanian Health Service (Public Health Service Provider) and Australian Nursing and Midwifery Federation (Tas Branch) Health, Education and Research Centre (Organisation)

## 7. Cross references

ANMEC policy:

1.15 Clinical/work placement agreements

2.9 Clinical/work placements

Standards for Registered Training Organisations (RTOs) 2015

Clauses 5.1 – 5.4

## 8. Administration

Authority CEO/Secretary ANMF (SA Branch)

Date of origin July 2009

Last reviewed Dec 2018

Version 5

Review date Dec 2020

## 6.12 SAFE ENVIRONMENTS FOR CHILDREN AND YOUNG PEOPLE

### 1. Purpose:

- 1.1. This policy demonstrates the strong commitment of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC) management and employees for the provision of a Safe Environment for Children and Young People.

### 2. Application:

- 2.1. This policy is applicable to:

- All employees, children, parents and other individuals involved with the RTO.

### 3. Definitions:

- 3.1. For Terminology refer to the document ANMEC HERC Policy Manual

### 4. Policy Statement:

- 4.1. The RTO is committed to providing a safe environment where every person has the right to be treated with respect and is safe and protected from abuse.
- 4.2. This policy identifies how the RTO will comply with its obligations to provide a safe environment for children and young people.
- 4.3. Those obligations are identified below and include:
- 4.4. **In South Australia** under the Children and Young People (Safety) Act 2017:

*Chapter 5* Young People at Risk

*Part 1.* Reporting of suspicion that child or young person may be at risk

*Section 30* Application of Part

*Section 31* Reporting of suspicion that child or young person may be at risk

and

*Chapter 8* Providing safe environments for children and young people

*Section 114* certain organisations to ensure environment is safe for children and young people.

We are providing a service as a prescribed organisation as per the Child Safety (Prohibited Persons) Act 2016.

*Part 3 of Section 6 (1) (i)* child related work in education services for children.

- 4.5. **In Tasmania** under the Children, Young Persons and Their Families Act 1997

*Part 3* Informing of concern about abuse or neglect

*Section 14 (1) (h)* a prescribed person including a teacher in any educational institution.

## 5. Commitment to child safety:

- 5.1. All children and young persons who come to ANMEC and HERC have a right to feel and be safe. We are committed to the safety and well-being of all children and young people accessing our services and the welfare of the children in our care will always be our first priority. We aim to create a child safe and child friendly environment where all children are valued and feel safe.

## 6. Children's participation

- 6.1. ANMEC and HERC employees and members encourage children to express their views, and make suggestions, especially on matters that directly affect children. We actively encourage children who use our services to 'have a say' about those things that are important to them. We value diversity and do not tolerate any discriminatory practices.
- 6.2. We teach children what they can do if they feel unsafe. We listen to and act on any concern's children, or their parents, raise with us.

## 7. Recruitment practices

- 7.1. ANMEC and HERC take all reasonable steps to ensure that it engages the most suitable and appropriate people to work with children. We employ a range of screening measures and apply best practice standards in the screening and recruitment of employees and volunteers. We interview and conduct referee checks on all employees.
- 7.2. We conduct Working with Children Checks (WWCC) as set out in *Part 5 Working with children checks of the Child Safety (Prohibited Persons) Act 2016*
- 7.3. (1) For the purposes of the *Children and Young People (Safety) Act 2017*, a reference in that Act to a **working with children check** will be taken to include a reference to an assessment of relevant history.
- 7.4. (2) For the purposes of section 72(3)(b)(i) of the *Children and Young People (Safety) Act 2017*, a reference in that subparagraph to having regard to the operation of the *Child Safety (Prohibited Persons) Act 2016* will, to the extent that it includes having regard to the working with children check scheme, will be taken to include a reference to having regard to the operation of sections 8B and 8BA of the *Children's Protection Act 1993* (as in force immediately before the commencement of this section).

## 8. Code of Conduct

- 8.1. All employees and members are made aware of, and must abide by, the ANMF (SA) Code of Conduct Policy. Our Code of Conduct was developed in collaboration with all our employees and will be influenced by the children who use our services and their parents.
- 8.2. **Support for employees and volunteers**
- 8.3. ANMEC and HERC seek to attract and retain the best employees. We provide support and supervision, so people feel valued, respected and fairly treated. We ensure that employees who work with children have ongoing supervision, support and training so that their performance is developed and enhanced to promote the establishment and maintenance of a child safe environment.

## 9. Reporting and responding to suspected child abuse and neglect

- 9.1. Information about making appropriate reports of abuse or neglect is available from the Department of Child Protection website in South Australia:  
<https://www.childprotection.sa.gov.au/reporting-child-abuse>
- 9.2. and the Department of Communities website in Tasmania  
[https://www.communities.tas.gov.au/children/child\\_protection\\_services/what\\_can\\_i\\_expect\\_when](https://www.communities.tas.gov.au/children/child_protection_services/what_can_i_expect_when)
- 9.3. ANMEC and HERC will not tolerate incidents of child abuse.
- 9.4. All relevant employees understand their mandated obligation to notify the correct authorities. In South Australia via the Child Abuse Report Line (CARL) on 131 478 and in Tasmania via the Child Protection Advice and Referral Service on 1800 000 123 as soon as practicable if they have a reasonable suspicion that a child has been, or is being, abused or neglected by anyone.
- 9.5. We ensure that relevant employees are aware of how to make appropriate reports of abuse or neglect. We also provide opportunities for relevant employees to attend educational sessions on mandatory reporting.
- 9.6. Employees must also report to management any reasonable suspicion that a child has been, or is being, abused or neglected by another student or employee. ANMEC and HERC may resolve to take protective action to keep the child and others safe.
- 9.7. **Strategies to minimise risk**
- 9.8. ANMEC and HERC aim to reduce risk to children by the development and enforcement of relevant policies.
- 9.9. **Harassment/bullying**
- 9.10. ANMEC and HERC oppose all forms of harassment, discrimination and bullying. We take this issue seriously and encourage anyone who believes that they, or another person, has been harassed, discriminated against or bullied to raise this issue with management. Further details can be found in the Code of Behaviour Policy.
- 9.11. **Communication**
- 9.12. ANMEC and HERC will ensure that everyone to whom this policy applies is aware of and has had an opportunity to read the policy.

## 10. Responsibilities:

- 10.1. RTO Management: Biannual review of the policy
- 10.2. Senior Course Coordinator/ Course Coordinators: Comply with the policy and relevant procedures. Ensure all students in each student cohort are aware of the policy and the procedures of reporting concerns.
- Educators: Comply with the policy and the mandatory reporting procedure.
  - Students: Will be aware of the policy and related procedures for reporting concerns.

## 11. Other Relevant Documents/Links

**SA**

Children and Young People (Safety) Act 2017

[https://www.legislation.sa.gov.au/LZ/C/A/CHILDREN%20AND%20YOUNG%20PEOPLE%20\(SAFETY\)%20ACT%202017/CURRENT/2017.25.AUTH.PDF](https://www.legislation.sa.gov.au/LZ/C/A/CHILDREN%20AND%20YOUNG%20PEOPLE%20(SAFETY)%20ACT%202017/CURRENT/2017.25.AUTH.PDF)

Child Safety (Prohibited Persons) Act 2016

[https://www.legislation.sa.gov.au/LZ/C/A/CHILD%20SAFETY%20\(PROHIBITED%20PERSONS\)%20ACT%202016/CURRENT/2016.49.AUTH.PDF](https://www.legislation.sa.gov.au/LZ/C/A/CHILD%20SAFETY%20(PROHIBITED%20PERSONS)%20ACT%202016/CURRENT/2016.49.AUTH.PDF)

**TAS**

Children, Young persons and Their families Act 1997 (amended in August 2009 and December 2013)

<https://www.legislation.tas.gov.au/view/html/inforce/current/act-1997-028>

Family Violence Act 2004

<https://www.legislation.tas.gov.au/view/html/inforce/current/act-2004-067>

Registration to Work with Vulnerable People Act 2013 (TAS)

<https://www.legislation.tas.gov.au/view/html/inforce/current/act-2013-065>

**12. Relevant Policies:**

- 3.4 Student support
- 3.5 Complaints
- 3.12 Use of Equipment by Students
- 3.13 Information Technology for Students
- 6.6 Equal Opportunity and Access
- 6.8 Privacy and Confidentiality
- 6.10 Code of Behaviour
- 6.11 National Police Certificate
- 6.13 Mandatory reporting of abuse of a Child or Young Person
- 6.15 Drugs and Alcohol
- 6.16 Smoking
- 6.17 Education Staff Selection

ANMFSA Code of Conduct Policy

ANMFSA Privacy Policy

ANMFSA Confidentiality and Intellectual Property Policy

ANMFSA Criminal History Clearance Policy & Procedure

ANMFSA Acceptable Use of Information & Communication Technologies Policy & Procedure

**13. Review:**

This Policy is to be administered by the Head of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

**14. Document History and Version Control:**

<b>Last amendment:</b>	April 2020	<b>Next Review:</b>	August 2021
<b>Sponsor:</b>			
<b>Contact Officer:</b>	Lisa Vertue		

Version	Date Approved	Approved by	Brief description
5	29.09.20	Executive	
4	March 2013	CEO/Secretary ANMF (SA Branch)	Previous 'Child Safety Policy'
V1			Replaces superseded Child Safety Policy
<b>File Pathway: RecFind - ANMEC FILES– Compliance – Policy and Procedures – Policy WHS &amp; Risk – 1.19 Safe Environments for Children and Young People</b>			

## 6.13 MANDATORY REPORTING OF ABUSE OF A CHILD OR YOUNG PERSON

### 1. Purpose:

- 1.1. This policy sets out the guidelines for mandatory reporting of abuse of a child or young person and education required by staff of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC).

### 2. Application:

- 2.1. This policy is applicable to:

- All staff

### 3. Definitions:

- 3.1. For Terminology refer to the document ANMEC HERC Policy Manual

### 4. Policy Statement:

- 4.1. The RTO is committed to the interests and welfare of students and this is fundamental to the education provided. Employees have a legal responsibility to make notifications to relevant authorities in the event they suspect, on reasonable grounds an extent of harm which may constitute abuse as detailed in relevant legislation.
- 4.2. The RTO will ensure all staff attend child protection training / refresher as required: Safe Environments for Children and Young People.

### 5. Responsibilities:

- 5.1. *RTO Management: Biannual review of this policy. Communication of all ANMEC policies and procedures to new and existing staff.*
- 5.2. *Senior Course Coordinator: Comply with this policy and relevant procedures. Ensure all students in each student cohort are aware of the policy and the procedures for reporting concerns.*
- 5.3. *Educators: Comply with this policy and relevant procedures.*
- 5.4. *Administrative team: Comply with this policy and relevant procedures*
- 5.5. *Students: Be aware of this policy and related procedures for reporting concerns.*

### 6. Relevant Policies and Procedures:

- 1.19 Safe Environments for Children and Young People
- 1.8 Complaints Policy
- 5.9 Education Staff Selection Policy

### 7. Other Relevant Documents/Links

- 7.1. Key features of legislative reporting duties: “state of mind” that activates reporting duty and extent of harm.

<https://aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect#table-1>

## 7.2. Children and Young People (Safety) Act 2017

[https://www.legislation.sa.gov.au/LZ/C/A/CHILDREN%20AND%20YOUNG%20PEOPLE%20\(SAFETY\)%20ACT%202017/CURRENT/2017.25.AUTH.PDF](https://www.legislation.sa.gov.au/LZ/C/A/CHILDREN%20AND%20YOUNG%20PEOPLE%20(SAFETY)%20ACT%202017/CURRENT/2017.25.AUTH.PDF)

## 7.3. Child Safety (Prohibited Persons) Act 2016

[https://www.legislation.sa.gov.au/LZ/C/A/CHILD%20SAFETY%20\(PROHIBITED%20PERSONS\)%20ACT%202016/CURRENT/2016.49.AUTH.PDF](https://www.legislation.sa.gov.au/LZ/C/A/CHILD%20SAFETY%20(PROHIBITED%20PERSONS)%20ACT%202016/CURRENT/2016.49.AUTH.PDF)

## 7.4. Children, Young Persons and Their Families Act 1997 (amended in August 2009 and December 2013). Current version 2 October 2019

<https://www.legislation.tas.gov.au/view/html/inforce/current/act-1997-028>

**8. Review:**

8.1. This Policy is to be administered by the Head of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

**9. Document History and Version Control:**

<b>Last amendment:</b>	April 2020	<b>Next Review:</b>	August 2021
<b>Sponsor:</b>			
<b>Contact Officer:</b>			

Version	Date Approved	Approved by	Brief description
6	29.09.20	Executive	
5	July 2009	CEO/Secretary ANMF (SA Branch)	1.6 Mandatory Reporting Policy
<b>V1</b>	<b>29 September 2020</b>	<b>Executive Council</b>	<b>Replace superseded Mandatory Reporting</b>

**File Pathway: RecFind - ANMEC FILES- Compliance – Policy and Procedures – WHS & Risk – 1.6Mandatory reporting of abuse of a Child or Young Person**

## 6.14 MANDATORY NOTIFICATION OF REGISTERED STUDENTS TO AHPRA POLICY

### 1. Purpose:

- 1.1. This policy sets out the requirements for mandatory notification of registered students to AHPRA, required by staff of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC)

### 2. Application:

- 2.1. This policy is applicable to:

- All staff
- All students who will attend clinical training as part of the Diploma of Nursing and require registration with the Nursing and Midwifery Board of Australia (NMBA).

### 3. Definitions:

- 3.1. For Terminology refer to the document ANMEC HERC Policy Manual

### 4. Policy Statement:

- 4.1. The interests and welfare of students is fundamental to the education provided at ANMEC and HERC. The Education provider must enrol all eligible students with the Australia Health Practitioner Regulation Agency (AHPRA) working in partnership with National Boards <https://www.ahpra.gov.au/>.
- 4.2. All health professionals and education providers have a legal responsibility to make mandatory notification to AHPRA if they have a reasonable belief that a student has a notifiable impairment which may place the public at substantial risk of harm. As per the AHPRA & National Boards Guidelines: *mandatory notification about registered students* March 2020.

### 5. Responsibilities:

- 5.1. Head of Learning & Development: Biannual review of the policy. Communication of all ANMEC policies and procedures to new and existing staff.
- 5.2. Senior Course Coordinator: Comply with this policy and relevant procedures. Ensure all students in each student cohort are aware of this policy.
- 5.3. Educators: Comply with this policy and relevant procedures.
- 5.4. Administrative team: Comply with this policy and relevant procedures.
- 5.5. Students: Awareness of this policy and related procedures.

### 6. Relevant Policies and Procedures:

- 1.8 Complaints Policy
- 5.9 Education Staff Selection Policy

## 7. Other Relevant Documents/Links

### 7.1. Guidelines for Mandatory Notifications

<https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Guidelines-for-mandatory-notifications.aspx>

### 7.2. Health Practitioner Regulation National law (South Australia) Act 2010

[https://www.legislation.sa.gov.au/LZ/C/A/HEALTH%20PRACTITIONER%20REGULATION%20NATIONAL%20LAW%20\(SOUTH%20AUSTRALIA\)%20ACT%202010/CURRENT/2010.5.AUTH.PDF](https://www.legislation.sa.gov.au/LZ/C/A/HEALTH%20PRACTITIONER%20REGULATION%20NATIONAL%20LAW%20(SOUTH%20AUSTRALIA)%20ACT%202010/CURRENT/2010.5.AUTH.PDF)

### 7.3. Health Practitioner Regulation National law (Tasmania) Act 2010

<https://www.legislation.tas.gov.au/view/html/inforce/current/act-2010-002>

### 7.4. AHPRA and National Boards – student registration

<https://www.ahpra.gov.au/Registration/Student-Registrations.aspx>

## 8. Review:

8.1. This Policy is to be administered by the Head of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

## 9. Document History and Version Control:

<b>Last amendment:</b>	November 2019	<b>Next Review:</b>	August 2021
<b>Sponsor:</b>			
<b>Contact Officer:</b>			

Version	Date Approved	Approved by	Brief description
6	29.09.20	Executive	
5	July 2009	CEO/Secretary ANMF (SA Branch)	1.6 Mandatory Reporting
<b>V1</b>	<b>29<sup>th</sup> September 2020</b>	<b>Executive Council</b>	<b>Replace superseded Mandatory Reporting</b>

**File Pathway: RecFind - ANMEC FILES– Compliance – Policy and Procedures – WHS & Risk – 1.62 Mandatory reporting of registered students to AHPRA**

## 6.15 DRUGS AND ALCOHOL

### 1. Policy statement

- 1.1. No drugs or alcohol will be consumed on ANMEC or HERC's premises unless authorised by the CEO/Secretary ANMF (SA or TAS Branch).

### 2. Principles

- 2.1. ANMEC and HERC provide an environment free from illicit drugs and alcohol.

### 3. Implementation

- 3.1. ANMEC and HERC will ensure that, as far as is reasonably practicable, employees and students at ANMEC and HERC are safe from risk of injury and risk to their health from the inappropriate use of drugs or alcohol while attending the facilities, facilities booked for the use of staff and students, or those of industry partners.
- 3.2. Students suspect of or noticeably under the influence of any illicit drug or alcohol may be suspended from their course of study or have their enrolment terminated.
- 3.3. The Occupational Health and Safety Act does not allow staff to provide students with over-the-counter medications unless that student is seen by a recognised first aid officer and the provision of such medication is recorded. For this reason students are asked to bring any medications that they might reasonably expect to need while attending the facilities, facilities booked for the use of ANMEC or HERC staff and students, or those of industry partners.
- 3.4. The possession, consumption, sale or distribution of illegal drugs will not be tolerated at ANMEC or HERC and police will be asked to investigate suspected illegal behaviour relating to drug and alcohol usage.
- 3.5. Students are encouraged to report any suspicious circumstances, discovered or suspected illegal drug activity or alcohol abuse for further action to:
  - an educator
  - the Course Coordinator
  - RTO Management
  - the Director, Operations and Strategy
  - the CEO/Secretary ANMF (SA or TAS Branch)
- 3.6. The origin of the report will, within the boundaries of the law, be held in confidence.

### 4. Definitions

- 4.1. Drugs – for the purpose of this policy the term includes substances defined as illegal drugs.

### 5. Roles and responsibilities

- 5.1. Students have a responsibility to ensure that they are not, by consumption of alcohol or any other drug, in such a state as to endanger their own safety or the safety of any

other person while attending ANMEC or HERC facilities, facilities booked for the use of ANMEC or HERC staff and students, or those of industry partners.

- 5.2. Staff have a responsibility to report any students who appear to be under the influence of an illicit drug or alcohol to RTO Management.

## **6. Cross references**

- 6.9 Work health, safety and welfare policy  
6.10 Code of behaviour

Standards for Registered Training Organisations (RTOs) 2015:  
Clauses 1.7, 4.1, 5.1-5.4

Work Health and Safety Act 2012

## **7. Administration**

Authority CEO/Secretary ANMF (SA Branch)  
Date of origin June 2001  
Last reviewed Dec 2018  
Version 6  
Review date Dec 2020

## 6.16 SMOKING

### 1. Policy statement

1.1. In recognition of the harm caused by smoking, the Australian Nursing & Midwifery Federation (SA & TAS Branch), supports smoke-free work environments for staff, students and members and aims to present a positive and supportive image to its members and the broader community in relation to workplace smoking.

### 2. Principles

2.1. The ANMFSA and ANMFTAS support the ANMF Federal Office policy “Smoke-free work environments” and the initiatives of State Government Health departments in relation to their Smoke-free Policy.

### 3. Implementation

3.1. SA:

3.2. Smoking is prohibited in any part of the ANMFSA Property, which includes all buildings, structures, garden areas, front and rear verandah, seating areas and in cars located in the car park. Signage exists around the facility to reinforce this.

3.3. It is recognised that the image of the ANMFSA is impacted by smoking that occurs in the public areas in front of the ANMFSA Property. As a result, smoking is prohibited for staff and students of the ANMFSA in the public areas immediately in front of the ANMFSA Property. Staff and Students are also requested to respect the rights of the surrounding property owners, and ensure that any rubbish, including butts, are placed in bins.

3.4. TAS:

3.5. HERC smoking policy is consistent with the *Tasmania Public Health Act 1997* and are designed to protect people from exposure to second hand smoke, de-normalise smoking behaviour in public places and support people who have quit or are trying to quit smoking. Tasmanian law prohibits smoking in a number of specific circumstances. Smoking is prohibited in all buildings, balconies, entrances. Smoking is allowed in the designated smoking area in the under-car parking space. Staff and students must keep this space free from rubbish including butts and not encroach onto other spaces.

### 4. Roles and responsibilities

4.1. The responsibility for enforcing the policy rests with the CEO/Secretary ANMF (SA & TAS Branch), Directors, Operations and Strategy and/or Site Manager.

### 5. Cross references

6.9 Work health, safety and welfare policy

Standards for Registered Training Organisations (2015):  
Clauses 1.7, 4.1, 5.1-5.4

### 6. Administration

Authority CEO/Secretary ANMF (SA Branch)

Date of origin May 2003  
Last reviewed Dec 2018  
Version 4  
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## 6.17 EDUCATION STAFF SELECTION

### 1. Policy statement

- 1.1. Education staff employed by ANMEC and HERC will have vocational competencies of a higher qualification to the level being delivered and assessed; a qualification in Adult Education, current industry skills directly relevant to the training and assessment being provided; and current knowledge and skills in vocational training and learning that informs their training and assessment.

### 2. Application

- 2.1. This Policy is applicable to:
  - Director of Learning and Development
  - Course / Education Managers

### 3. Definitions

- 3.1. For Terminology refer to the document ANMEC HERC Policy Manual.

### 4. Principles

- 4.1. Education staff will be selected on the basis of their ability to contribute to the scope of teaching requirements within ANMEC and HERC, as well as to ensure their ability to demonstrate, currency, compliance and competence with all regulatory authority requirements.
- 4.2. Staff selection is culturally inclusive and reflects population diversity with affirmative action to encourage participation from Aboriginal and Torres Strait Islanders.

### 5. Responsibilities

- 5.1. RTO management is responsible for selection of education staff as per the state based ANMF organisational recruitment and selection processes.
- 5.2. RTO management must ensure individuals selected to deliver training and assessment meet the requirements of policy 4.4 Training and Assessment, sections 4.4 - 4.7.

### 6. Procedures

- 6.1. Positions will be advertised, or expressions of interest sought from appropriately qualified persons.

- 6.2. Prospective employees must demonstrate and provide evidence they satisfy the criteria for appointment to the relevant position per the ANMF recruitment processes, this includes relevant qualifications, vocational currency and experience in the vocation being taught.
- 6.3. Verification of academic and professional credentials, and registration is reviewed for all new staff and is monitored for ongoing staff at least annually.
- 6.4. Applicants must demonstrate values and commitment to the principles of trade unionism and of the ANMF.
- 6.5. Employment of education staff is subject to performance review during the induction process at 3 and 6 months, and continuing employment is subject to satisfactory annual performance review consistent with the organisation's policies and procedures.
- 6.6. For staff teaching into the Diploma of Nursing staff the additional following requirements must be met:
  - a) Staff must be registered with the NMBA;
  - b) staff must hold a qualification at least a level higher than the program of study being taught or with equivalent professional experience; and
  - c) teaching staff without a nursing qualification must have qualifications and experience relevant to the unit(s) they are teaching.

## 7. Relevant Documents/Links

- 7.1. Standards for Registered Training Organisations (RTOs) 2015:
  - 1.13 to 1.16
- 7.2. ANMAC, Enrolled Nurse Accreditation Standards 2017:
  - 7.4
  - 7.11
  - 7.12
- 7.3. Related ANMEC policies and procedures:
  - 4.4 Training and Assessment Policy
  - 4.4.1 Supervision Procedure

## 8. Review

- 8.1. This Policy is to be administered by the Director of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

## 9. Document History and Version Control

<b>Last amendment:</b>	June 2022	<b>Next Review:</b>	June 2024
<b>Sponsor:</b>	Director Learning and Development		
<b>Contact Officer:</b>	Compliance Officer		

Version	Date Approved	Approved by	Brief description
1	Dec 2008	CEO/Secretary ANMF (SA Branch)	First version
5	Dec 2018	CEO/Secretary ANMF (SA Branch)	Review
6.1	23/06/2022	DLD	Major Amendments
6.2	29/06/2022	Compliance Officer	Major Amendments
6.0	29/06/2022	Executive	Final

## 6.18 EDUCATION STAFF ORIENTATION

### 1. Policy statement

- 1.1. Education staff will complete orientation which includes policies and procedures, their job role and the maintenance of ASQA RTO Standards and the Training and Skills Commission guidelines.

### 2. Principles

- 2.1. Education staff will be supported throughout their orientation period.

### 3. Implementation

- 3.1. Orientation will begin on the day of commencement at ANMEC or HERC. Orientation will be undertaken during the first three months of employment. A mentor will be allocated to each new education staff member.

### 4. Definitions

- 4.1. Training and Skills Commission – Guidelines for registered training organisations registered to deliver vocational education and training under part 3 of the Training and Skills Development Act (2008).
- 4.2. Standards for Registered Training Organisations (RTOs) 2015
- 4.3. National Vocational Education and Training Regulator Act 2011
- 4.4. Orientation – the process of providing information to students and newly appointed staff.

### 5. Roles and responsibilities

- 5.1. RTO Management is responsible for ensuring the appropriate orientation of education staff.

### 6. Cross references

Standards for Registered Training Organisations (RTOs) 2015:  
Standards 1.13 – 1.16

ANMAC:  
Standard 2

ANMEC mentoring procedure

### 7. Administration

Authority CEO/Secretary ANMF (SA Branch)  
Date of origin June 2001  
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Version 4  
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## 6.19 EDUCATION STAFF DEVELOPMENT

### 1. Policy statement

- 1.1. ANMEC and HERC ensure that all education staff undertake professional development in the fields of the knowledge and practice of vocational training, learning and assessment including competency-based training and assessment.

### 2. Application

- 2.1. This Policy is applicable to:
  - Director of Learning and Development
  - Course / Education Managers
  - Educators

### 3. Definitions

- 3.1. Training and Skills Commission – Guidelines for registered training organisations registered to deliver vocational education and training under part 3 of the *Training and Skills Development Act (2008)*.
- 3.2. ASQA standards - Standards for Registered Training Organisations (RTOs) 2015

### 4. Principles

- 4.1. Education staff will be supported to maintain current industry knowledge and skills in their industry area and vocational education and training
- 4.2. Education staff will have access to contemporary information about current vocational education and training methodology.

### 5. Roles and responsibilities

- 5.1. RTO Management is responsible for ensuring support for staff to attend staff development and industry placements as per the respective ANMF (SA Branch) Capability, Reflection and Development Policy and the ANMF (Tas) Performance Review and Development Guidelines for Managers policy.
- 5.2. Education staff are responsible for maintaining their registration with the Nursing and Midwifery Board of Australia and seeking opportunities for continuous improvement and industry placements.

## 6. Procedures

- 6.1. Education staff will have access to staff development opportunities including attendance at courses/workshops, experiential learning, and access to contemporary resources from the ANMEC Library including online research and publications.
- 6.2. Professional development should align to the agreed individual development plan with regular meetings to review performance and progression.
- 6.3. Education staff will be supported to maintain current industry knowledge by way of periodic industry placements.

## 7. Relevant Documents/Links

- 7.1. ANMEC Policies and Procedures:
  - ANMF Training and Development Policy
  - ANMF Study Leave and Assistance Policy
  - ANMF(SA) Capability Reflection and Development Policy
  - ANMF(Tas) Performance Review and Development Guidelines for Managers
- 7.2. Standards for Registered Training Organisations (RTOs) 2015:
  - 1.6
- 7.3. ANMAC, Enrolled Nurse Accreditation Standards 2017:
  - 7.10, 7.11
  - 8.6
  - 9.2, 9.3

## 8. Review

- 8.1. This Policy is to be administered by the Director of Learning and Development. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval.

## 9. Document History and Version Control:

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5.1	23/06/2022	DLD	Major Amendments

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5.2	29/06/2022	Compliance Officer	Major Amendments
5.0	29/06/2022	Executive	Final

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## Section 7 – Appendices

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## Application to withdraw from studies

Students are strongly advised to read the refund policy associated with withdrawing from study.

Your withdrawal will take effect once you complete this form and return to ANMEC administration. No assignments will be accepted after the date that the withdrawal form has been submitted.

### Contact details

Given name ..... Family name.....  
 Phone (home)..... Mobile .....

Home address..... Postcode .....

### Enrolment details

ANMEC Student ID ..... Course group eg EN1803.....

Have you informed your educator of your intent to withdraw? .....

Reason for withdrawal from studies .....

.....

Signature of student..... Date.....

Signature of Course Coordinator..... Date.....

Office use only:		
Application received date .....		
<b>Education Services Officer:</b>		
<input type="checkbox"/> Moodle access suspended	Initial:	Date:
<input type="checkbox"/> Status amended on VETtrak	Initial:	Date:
<input type="checkbox"/> Resulting log removed from group folder	Initial:	Date:
<input type="checkbox"/> WR training account closed	Initial:	Date:
<input type="checkbox"/> Finance notified	Initial:	Date:
<input type="checkbox"/> ANMEC team notified	Initial:	Date:
<input type="checkbox"/> Office 365 removed	Initial:	Date:
<input type="checkbox"/> VET Student Loans updated	Initial:	Date:

A service of the Australian Nursing and Midwifery Federation (SA Branch) ABN 95 969 485 175

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Connect with us





## Credit Transfer Application Form

Please use this form if you would like to apply for Credit Transfer (CT) for previously completed units of competency. You must attach copies of your Academic Transcript, Statement of Results, Statement of Attainment, or USI transcript for review. Your copies must include the Units of Competency of which you are applying for CT.

**Please note:** In order to receive CT for units of competency the unit(s) you are claiming, the unit must be either the same code and name, or be deemed as equivalent to the currently endorsed unit of competency according to <http://www.training.gov.au>. We are also required to ensure currency of knowledge and may apply time limitations depending on your practical implementation of these units.

Section 1 – Applicant Details			
<b>Applicant Name</b>		<b>Student ID Number</b>	
<b>Email</b>		<b>Phone Number</b>	
<b>Course Name</b>		<b>Course Code</b>	
<b>Previous Qualification Name</b>		<b>Previous Qualification Code</b>	
<b>Previous RTO</b>		<b>Date Issued</b>	

  

Section 2 – Units of Competency			Office use only
Unit Code	Unit Name	Evidence Supplied	Course Manager Approval
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

  

Section 3 – Applicant Declaration			
<input type="checkbox"/> I wish to apply for Credit Transfer for the Units of Competency listed above and will provide a copy of my USI transcript from <a href="https://www.usi.gov.au/">https://www.usi.gov.au/</a> on application			
<input type="checkbox"/> I have attached my previous Qualification or Statement of Attainment which includes the Units of Competency listed above			
<input type="checkbox"/> I declare that the documentation supplied by me is legitimate, true, and correct			
<input type="checkbox"/> I give permission to contact the RTO listed above if required to verify the authenticity of the information provided			
<b>Applicant Signature</b>		<b>Date</b>	
<b>Course Manager Signature</b>		<b>Date</b>	

  

Office Use Only	Initial	Date
Copy of Credit Transfer evidence collected and attached to application		
Application and evidence reviewed and approved by Course Manager		
Credit Transfer entered in VETtrak		
Student finances amended if required and accounts informed of changes		
Documentation saved to the Student File		

### Appendix 3. Appeal to the Administrative Appeals Tribunal (AAT)

- 1.1. Decisions regarding re-crediting a student's HELP balance are reviewable under the Higher Education Support Act 2003. This means that a student may apply to the AAT for a reconsideration of their course providers refusal to recredit their HELP balance.
- 1.2. Details for contacting the AAT in South Australia can be found on the AAT website at <https://www.aat.gov.au/>
- 1.3. Students are responsible for the payment of the AAT application fee.
- 1.4. The AAT will notify DESE <https://www.dese.gov.au/> that it has received an application to review a decision made by the course provider not to recredit a student's HELP balance. The Department will then notify the course provider in writing that an appeal has been lodged.
- 1.5. The Secretary of the Department, or the Secretary's delegate, will respond on behalf of the course provider for cases that are before the AAT. Within 28 days, the Secretary will lodge the following with the AAT:
  - a) A statement setting out the findings and the evidence on which those findings were based, and giving the reasons for the decision
  - b) Every document or part of a document in the course providers possession and considered by the AAT reviewer to be relevant to the review of the decision. The course provider must provide the Department with copies of these documents within five business days of being requested
- 1.6. The course provider may reconsider matters that are being reviewed by the AAT at any time up until the AAT makes a final decision. If the course provider decides to recredit a student's HELP balance while the matter is being reviewed by the AAT, the course provider must inform the Department.
- 1.7. Until a student withdraws their appeal or the matter is dealt with by the AAT, the Department must still lodge a statement and all relevant documents with the AAT. The course provider must therefore still forward all relevant documents within the five business days, even if it has reconsidered the original decision.

- 1.8. The Department will deal with cases from this point and advise the course provider of the outcome.
- 1.9. When an appeal to the AAT has been successful, the course provider will:
  - a) Remove any academic penalty applied against the unit of study
  - b) Refund any tuition fees paid upfront
  - c) Re-credit a student's HELP balance with the amount received for the unit of study within two weeks of the student being notified of the decision to re-credit
  - d) Report the recredit to the Department so that the student's debt can be remitted
  - e) Repay any monies it has received from the Australian Government on the person's behalf for remission of the student's debt

*The above appeal process is defined in the VET student Loans Act 2016, Part 7 – Review of decisions, Section 80 – Review by the AAT.*

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## Section 8 – References

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Age Discrimination Act 2004 (Commonwealth)

Children's Protection Act 1993 (South Australia)

Children, Young Persons and their Families Act 1997 (Tasmania)

Commonwealth of Australia ASQA Users' guide to the Standards for VET Accredited Courses

Disability Discrimination Act 1992(Commonwealth)

Equal Opportunity Act 1984 (South Australia)

Equal Opportunity for Women in the Workplace Act 1999 (Commonwealth)

Health Practitioner Regulation National Law (South Australia) Act 2010

Health Practitioner Regulation National Law (Tas) Act 2010

Human Rights and Equal Opportunity Commission Act 1986 (Commonwealth)

National Vocational Education and Training Regulator Act 2011

Privacy Act 1988 (Commonwealth)

Public Health Act 1997 (Tasmania)

Racial Discrimination Act 1975 (Commonwealth)

Racial Vilification Act 1996 (South Australia)

Sex Discrimination Act 1984 (Commonwealth)

Standards for NVR Registered Training Organisations 2012 (Commonwealth)

Training and Skills Development Act 2008 (South Australia)

Training and Workforce Development Act 2013 (Tasmania)

Work Health and Safety Act 2011 (Commonwealth)

Work Health and Safety Act 2012 (South Australia and Tasmania)

Workers Rehabilitation and Compensation Act 1986 (South Australia)

Workers Rehabilitation and Compensation Act 1988 (Tasmania)

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<b>Sponsor:</b>	Compliance Officer		
<b>Contact Officer:</b>	Director Learning and Development		

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2.0	26/05/2022	Compliance Officer	Major Amendment
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