



Australian Nursing and
Midwifery Education Centre

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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 2nd 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 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

1.1 ADVERTISING AND MARKETING POLICY

1. Policy Statement:

- 1.1. The Standards for RTOs 2015 (the Standards), the VET Student Loans Act (the Act) and the VET Student Loan Rules (the Rules) contain requirements regarding marketing practices and materials that advertise training at registered training organisations.
- 1.2. This policy sets out guidelines and processes for the development, approval, and dissemination of advertising and marketing materials for the Australian Nursing and Midwifery Education Centre (ANMEC) that are compliant with the Standards, the Act and the Rules.
- 1.3. These guidelines are applicable to marketing materials produced for the Health Education and Research Centre (HERC).

2. Application:

- 2.1. This policy is applicable to:
 - Director of Education;
 - ANMEC administrative staff;
 - HERC education manager
- Other relevant HERC staff;
 - ANMFSA marketing staff; and
 - The ANMFSA compliance manager.

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 and endeavour to ensure marketing materials are both accurate and factual.
- 4.2. All marketing materials will comply with the appropriate clauses in the Standards.
- 4.3. Marketing materials related to the Diploma of Nursing will comply with the Act and the Rules.
- 4.4. No marketing materials will be made publicly available until they have been through the appropriate approval procedure.
- 4.5. All marketing materials that are publicly available must be current and relevant.
- 4.6. All marketing materials, regardless of medium, will be stored and accessible for an internal or external audit.
- 4.7. No cold calling can be undertaken for any course for which a VET Student Loan is available.

5. Responsibilities:

- 5.1. **Director of Education (the Director):** Collaborate with ANMFSA marketing staff and the relevant HERC staff on the development of marketing materials, ensure compliance of marketing materials, work with Operational Sub-Committee on approval of marketing materials.
- 5.2. **ANMFSA marketing staff and relevant HERC staff:** Develop marketing materials in line with the requirements of the Standards, the Act and the Rules for submission to the Director of Education.
- 5.3. **Compliance manager:** Liaise with the Director on compliance issues related to marketing. Speak to marketing compliance issues at meetings with marketing staff and the Operational Sub-Committee. Audit marketing materials.
- 5.4. **ANMEC/HERC administrative staff:** As members of the Operational Sub-Committee contribute to assessment of the compliance of marketing materials.

6. Procedures:

- 6.1. To ensure compliance with the Standards, the Act, and the Rules, all marketing materials must be evaluated by ANMFSA marketing staff or the relevant HERC staff by completing the Advertising and Marketing Checklist (the checklist) in either its ANMEC (appendix 1) or HERC (appendix 2) forms.
- 6.2. The completed checklist must be submitted with a copy of the marketing materials to the Director.
- 6.3. The Director will submit the marketing materials to the Operational Sub-Committee for noting.
- 6.4. Any changes required by the Director, or the Committee must be communicated to the marketing team or the relevant HERC staff member by the Director or their proxy.
- 6.5. Updated marketing materials produced in response to the Committee's feedback can be approved by the Director.
- 6.6. Once the materials are approved, the Director will liaise with marketing staff with regard to the publication of said materials.
- 6.7. ANMFSA marketing staff are responsible for providing all relevant materials to the Director. The Director (or their proxy) will be responsible for storing the marketing materials, any third-party consent or permission evidence (except in the case of HERC where such permissions will be stored locally), and the completed checklist under the relevant year in *ANMEC Team\Operational\Marketing*.
- 6.8. All marketing materials stored as per section 6.7 above must be stored in compliance with policy 3.11 Records Management, section 4.7 I).

- 6.9. Publicly available advertising materials will be monitored and reviewed to ensure they are current and accurate. To this end marketing staff must periodically review old marketing materials that are still publicly available.
- 6.10. Marketing staff or the relevant HERC staff member must remove marketing materials that are no longer current and communicate this removal to the Director. This communication should be stored with the marketing materials and be accessible during internal or external audits.
- 6.11. Marketing materials at both ANMEC and HERC will be audited annually by the ANMFSA Compliance Manager as part of the ANMEC Quality and Compliance Cycle and in alignment with policy 6.3 Continuous Quality Improvement sections 6.9 and 6.10.

7. Relevant Documents/Links:

- 7.1. ANMEC Policies and Procedures:
- 3.11 Records Management
 - 6.3 Continuous Quality Improvement
- 7.2. Standards for Registered Training Organisations (RTOs) 2015:
- Standard 4.1
 - Schedule 4
- 7.3. VET Student Loans Act
- Division 5: 60 - 64
- 7.4. VET Student Loans Rules
- Division 8: 135-143

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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Contact Officer:	Compliance Officer		

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8.2	17/10/2023	OSC	Draft

9.0	16/11/2023	Branch Executive	Final
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Section 2 – Enrolment

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:

- 4.5 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.
- 4.6 Information provided by students at enrolment will be confidential.
- 4.7 The course enrolment process will be conducted with honesty and integrity.
- 4.8 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.
- 4.9 Results will be provided to students as soon as practicable following the literacy, language and numeracy (LLN assessment).

5. Responsibilities:

- 5.5 *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.

5.6 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 2.1.2 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 2.1.1 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:

- 8.1 This Policy is to be administered by the Director of Education. 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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7.04	07/03/22	Compliance Officer	Major Amendment
7.14	09/03/22	ALC	Draft
7.0	10/03/22	Branch Executive	Final

2.2 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 the deferral of course enrolment required for staff and students of ANMEC and HERC.

2. Application:

- 2.1. This policy is applicable to:
 - Course Manager
 - Admin Coordinators
 - Students

3. Definitions:

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

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

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

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 Branch Executive.

9. Document History and Version Control:

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V6			Review of Policy
V7			Review of Policy
8.1	19/01/23	ASC	Draft
8.0	16/11/23	Branch Executive	Final

2.3 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:

Last amendment:	March 2022	Next Review:	March 2024
Sponsor:			
Contact Officer:			

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

2.4 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 ANMEC and HERC will assist students who wish to transfer to the same course at another RTO.
- 4.5 After the cancelation 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 3: 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 3: 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.

6.7 In situations in which a student wishes to transfer to the same course at another RTO, ANMEC and HERC staff will provide advice regarding the transfer process and ensure that student records are accurate and complete at the time of transfer.

7. Other Relevant Documents/Links

Appendix 3: 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 Branch Executive.

9. Document History and Version Control:

Last amendment:	March 2022	Next Review:	March 2024
Sponsor:			
Contact Officer:			

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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
5.01	19/01/23	ASC	Major Amendments

2.5 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:
 - Course Managers
 - Education Manager
 - Business Administration Coordinator
 - Students

3. Definitions:

- 3.1 Assessor – The assessor is the course manager who is ultimately responsible for assessing an application for credit transfer.
- 3.2 Australian Skills Quality Authority (ASQA) – is the national regulator for the vocational education and training (VET) sector.
- 3.3 Credit Transfer - is the recognition of equivalency of content and learning outcomes between different learning and / or qualifications previously undertaken and successfully completed.
- 3.4 Recognised Prior Learning - is an assessment process that assess the competency/s of an individual that may have been acquired through formal, non-formal or informal learning (see policy 2.6 Recognition of Prior Learning for further details)
- 3.5 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 business administrative coordinator is 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 and validating the authenticity of the evidence and granting credit transfer.
- 5.4 The HERC education manager is responsible for the assessment of credit transfer applications and the storage of all key documentation to allow for oversight by ANMEC.

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 4: Application for Credit Transfer (CT) Form* prior to, or on commencement of, the start of the course or unit of competency. HERC students must apply using *Appendix 5: Credit Transfer Application Form*

- 6.3 On the form:
- students must supply evidence of completion of studies which may include a copy of the qualification, statement of attainment, or a record of results.
 - 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:
- the student providing a copy of their USI transcript; or
 - The student providing their previous qualification or statement of attainment which includes the Units of Competency.
- 6.6 The business administrative coordinator will notify the student of the outcome within 3 weeks of the initial submission of the Credit Transfer Application Form.
- 6.7 Credit transfer is recorded as CT on the student management system by the course or education manager.
- 6.8 A copy of appendix 4 or appendix 5 and the validated evidence will be scanned by concierge and kept in the student record.

7. Other Relevant Documents/Links

- 7.1 2.6 Recognition of Prior Learning (RPL) Policy

Appendix 4: Credit Transfer Application Form (2022) ANMEC

Appendix 5: Credit Transfer Application Form (2022) HERC

8. Review:

- 8.1 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:

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Sponsor:	Director		
Contact Officer:	Director		

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V6			Policy Review
6.01	07/03/22	Lisa Vertue	Minor Amendment
7.1	08/03/22	Yanni Cotis	Draft

7.0	08/03/22	Branch Executive	Final
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8.1	06/11/23	Compliance Manager	Draft
8.2	24/11/23	ASC	Draft
8.0	20/03/24	Branch Executive	Final

2.6 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 Education;
 - the Administrative Services Officers;
 - 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 Health Education and 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 recognition of prior learning 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 within a unit for which ANMEC offers RPL.
- 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 Education:** 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. **Administrative Services Officers:** Monitor the application of this policy and its associated procedure. Ensure applicants for RPL receive communications and necessary documentation in a timely manner and are provided with information related to their RPL assessment.
- 5.3. **Course Managers:** Conduct the RPL assessment and liaise with the applicant to obtain relevant evidence.
- 5.4. **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. Students undertaking or who wish to undertake the Diploma of Nursing, can apply for RPL for the following units of competency:
 - a) CHCDIV001 Work with diverse people
 - b) CHCDIV002 Promote Aboriginal and/or Torres Strait Islander cultural safety
 - c) CHCPRP003 Reflect on and improve own professional practice

- d) HLTWHS002 Follow safe work practices for direct client care
 - e) HLTAAP002 Confirm physical health status
 - f) HLTAAP003 Analyse and respond to client health information
 - g) HLTINF006 Apply basic principles and practices of infection prevention and control
 - h) HLTOHC008 Inform and support patients and groups about oral health
 - i) HLTAID011 Provide first aid
 - j) HLTINF007 Implement and monitor infection prevention and control policies and procedures
 - k) HLTWHS006 Manage personal stressors in the work environment
- 6.2. For all other programs all units are eligible for Recognised Prior Learning.
- 6.3. The Recognition of Prior Learning process will follow the procedures outlined in the relevant Recognition of Prior Learning application documents specific to the course and unit of competency for which RPL is being sought.
- 6.4. The relevant application RPL documents will be made available to students to complete as soon as possible after their RPL application.
- 6.5. To make an RPL application, students should speak to the course manager or course administrator.

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) 2.5 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 Branch Executive.

9. Document History and Version Control:

Last amendment:	Nov 2023	Next Review:	Nov 2025
Sponsor:	Compliance Manager		
Contact Officer:	Compliance Manager		

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8	April 2020	Executive Council	Policy Review
9.0	29/06/2022	Branch Executive	Final
10.1	23/03/2023	ALC	Draft
10.2	13/04/2023	Compliance Manager	Draft
10.0	16/11/2023	Branch Executive	Final

2.7 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/Pages/default.aspx)

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 Director of Education, Research and Aged Care.
The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval by the Branch Executive.

9. Document History and Version Control:

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Sponsor:	Director		
Contact Officer:	Compliance Manager		

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5		Lea Hague	Policy Review
5.01	14/10/21	Compliance Officer	Minor Amendments
5.02	03/08/22	DLD	Minor Amendments
5.03	17/02/23	Compliance Manager	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. Application

- 2.1. This policy is applicable to:
 - The Director of Education
 - Administrators; and
 - Students.

3. Definitions

- 3.1. **Course fee** – the fee determined for the course without additional costs which may be incurred during the course.
- 3.2. **Payment schedule** – a plan to assist the student to pay the determined course fees in instalments over the duration of the course.
- 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 will protect fees paid in advance and meet the Australian Accounting Standards.
- 4.2. Fees will be charged at a reasonable and commercial rate.
- 4.3. Fees and known costs (for example, books and uniforms) must be provided to students prior to enrolment and be incorporated into the enrolment document.
- 4.4. 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 that required for each study period;
 - payments ahead of the due date for each study period;
 - pre-payments in excess of \$1500.
- 4.5. Required fees must be paid before any academic record, statement of attainment or course parchment is issued.

5. Responsibilities

- 5.1. **ANMEC and HERC:** 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:** Required to inform administration as soon as possible if they are unable to make the required payments.

6. Procedures

- 6.1. Fees are reviewed annually and the revised fees provided to prospective students.
- 6.2. A qualified accountant maintains the ANMF (SA & TAS Branches') accounts. Financial accounts are audited annually in accordance with Australian Accounting Standards.
- 6.3. Students must use the negotiated payment schedule.
- 6.4. Students may be excluded from participation in learning / assessment activities when payments have not been received by the due date.
- 6.5. 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
 - replacement of lost or damaged library books
 - replacement of a lost or damaged ID badge
- 6.6. These additional costs must be paid before the student commences any additional requirements.

7. Relevant Documents

- 7.1. ANMEC policies and procedures:
 - 2.12 Deferral of course enrolment

- 2.14 Cancellation by student of course enrolment
- 3.2 Course refunds

7.2. Standards for Registered Training Organisations (RTOs) 2015:

- Standard 3.3
- Standard 5
- Schedule 6

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 Branch Executive.

9. Document History and Version Control

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7.1	07/02/2023	Compliance Manager	Draft
7.2	17/02/2023	OSC	Draft
7.0	16/11/2023	Branch Executive	Final

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:

- The Director of Education, Aged Care and Research;
- Administrators; and
- Students.

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 5.
- 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.
- 3.6 Study period:** the period of time between two census dates.

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. Fees paid in advance will be refunded if ANMEC or HERC cancels a course or unit of study.
- 4.3. VET in School (VETiS) students who withdraw within the first four weeks of their course are not charged the \$350 enrolment fee.
- 4.4. Refunds will only be granted if all due payments for the course of study have been made.
- 4.5. 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.
- 4.6. Students have the right to appeal decisions concerning course refunds.

- 4.7. 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 ANMEC Administration.
- 6.2 All refunds will be provided in accordance with the fee and refund schedule provided to students upon enrolment.
- 6.3 For students undertaking a course externally, the commencement date will be the date of enrolment into the course.
- 6.4 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.
- 6.5 Recrediting of FEE-HELP balances by ANMEC will only occur if:
- The student applies to the provider in writing for the re-credit;
 - The application is made within the time periods allowed in 5.2 and 5.3; and
 - 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.
- 6.6 Students who complete their withdrawal from a course or unit of study, as per policy 2.5 Cancellation by Student of Enrolment, prior to the census date are entitled to a refund of their fees for that study period.

- 6.7. Students who withdraw after the census date are not eligible for a refund for that study period.

7. Other Relevant Documents/Links

- 2.2 Deferral of course enrolment
- 2.4 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

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 Branch Executive.

9. Document History and Version Control:

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Sponsor:	Yanni Cotis		
Contact Officer:	Yanni Cotis		

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1	2018		Review of Policy
2.1	06/03/22	Admin Coordinator	Major Amendment
2.0	08/03/22	ALC	Final
3.1	07/02/23	Compliance Manager	Minor Amendments
3.0	17/02/23	OSC	Minor Amendments

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:

Last amendment:	April 2020	Next Review:	April 2022
Sponsor:			
Contact Officer:			

Version	Date Approved	Approved by	Brief description
V4		Lea Hague	Policy Review

File Pathway : RecFind - ANMEC FILES– Compliance – Policy and Procedures – Financial Processes, including Funding – 4.2 Workshop fees

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. Learning Support Service (LSS): A learning support service provides a variety of services that help students to successfully complete their training and transition to employment.
- 3.2. Course manager: where a course manager is referred to in the below policy, it also applies to HERC's education manager.
- 3.3. For further terminology refer to the document ANMEC HERC Policy Manual.

4. Principles:

- 4.1. ANMEC and HERC are committed to ensuring equitable access to their educational services for all students by providing, or working with third parties to provide, a range of support services.
- 4.2. ANMEC and HERC are committed to identifying students' support needs as early as possible and using this information to help students make informed decisions about their study choices and what support services a student might need to help them successfully complete their studies.
- 4.3. ANMEC and HERC are committed to providing appropriate support to students through the different stages of the student journey. This includes appropriate support in the pre-enrolment, enrolment, and training stages.
- 4.4. ANMEC and HERC affirm the right of students to have support needs identified and addressed in such a way that respects students' rights to privacy and confidentiality.
- 4.5. The support services provided by ANMEC and HERC, or by a third party on ANMEC's and HERC's behalf, will come at no additional cost to students.

- 4.6. ANMEC and HERC will ensure there are a range of support services in place for Aboriginal and Torres Strait Islander students and students from culturally, socially and linguistically diverse backgrounds.
- 4.7. ANMEC and HERC will ensure that appropriate resources are available to meet their student support obligations. Such resources may include, but not be limited to, sufficient contracts with appropriate LSS providers, ensuring staff have the necessary training to appropriately support students' learning, and ensuring resources on support options are available both in students' accessible spaces and online.
- 4.8. ANMEC and HERC will ensure that students are informed of any changes to the support services available to them as soon as practicable.
- 4.9. Potential Diploma of Nursing students will be informed prior to enrolment that ANMEC and HERC are obligated to notify the Nursing and Midwifery Board Australia (NMBA) if a student has a clinical impairment that may place the public at substantial risk.

5. Responsibilities

- 5.1. **Director of Education:** Determine and implement ANMEC's strategy for meeting the requirements of this policy.
- 5.2. **Course/Education 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 and work with course managers to implement any support needs.
- 5.4. **Students:** Students have a responsibility to:
 - a) identify where they do not meet the inherent requirements of a course prior to enrolment. A student who fails to identify where they do not meet the inherent requirements of a course may result in the RTOs inability to provide them with the appropriate support and they, therefore, may be unable to successfully complete their chosen course of study. Opportunities to provide information on meeting inherent requirements are provided in the Expression of Interest (EOI) for each course and in the upfront assessment of needs interview;
 - b) carefully consider the advice provided by ANMEC and HERC in regard to the training and the student's capacity to achieve the competencies stated for any qualification/course or unit of competency;

- c) where needed, access the support services available and actively participate in any support plans put in place to assist their learning and to facilitate successful completion of their assessments;

6. Procedures:

- 6.1. Identification of student's academic support needs is addressed in policy 3.7 Intervention. Students who wish to self-identify a need for academic support should speak to their educator.
- 6.2. Students who have support needs identified through the EOI or the upfront assessment of needs interview or by any other means prior to enrolment should have a support plan put in place that details the support the student will access in order to facilitate the successful completion of their course, this includes any reasonable adjustments (for more information on reasonable adjustment see procedure 4.5.2 Reasonable Adjustments).
- 6.3. Students whose personal circumstances are interfering with their ability to successfully continue with their studies should speak to their educator or course manager who will refer them to the appropriate support service or to a staff member who can assist them with addressing their support needs.
- 6.4. Students who feel they have a support need or who wish to access support services such as, but not limited to, counselling, health care, mental health, and/or financial support, should speak to their educator or course manager who can provide information about the support services available at ANMEC and HERC or those provided on behalf of ANMEC and HERC by a third party.
- 6.5. Students who wish to confidentially contact a learning support service (LSS) provider may do so by using the contact information for LSS providers available on the support display in the student library or the information display in the student lunchroom.
- 6.6. Course or education managers and or educators who identify student support needs as per 6.2 - 6.4 must record the identification of the need and the plans to address the support needs in VETtrak. All documentation regarding reasonable adjustment should also be stored in VETtrak. Where necessary and appropriate, the course manager should discuss the plan for the student's support with the student's educator and any other relevant staff.
- 6.7. Prior to enrolment, students will be provided with clear information on whether the course is suitable for them, given their existing skills, knowledge, and support needs. This will include what support services are available to the student and any costs associated with them.

- 6.8. ANMEC and HERC will ensure that students are notified of contractual changes to third party support services that impact the support services available to enrolled students.
- 6.9. The inherent requirements for each course or stand-alone unit of competency will be published on the ANMEC and, where applicable, HERC websites. All students will be informed of the relevant inherent requirements prior to enrolment.
- 6.10. Students whose support needs change during their course of study need to discuss such changes with the course manager or educator.
- 6.11. 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.
- 6.12. Applicants or students who are dissatisfied with the support services offered by ANMEC or HERC are encouraged to utilise the complaints and appeals processes. Further information on complaints and appeals can be found in policies 3.5 Complaints and 3.6 Appeals.

7. Other Relevant Documents/Links:

- 7.1. ANMEC Policies and Procedures:
 - 2.1 Course Enrolment
 - 2.1.2 Up Front Assessment of Need procedure
 - 3.5 Complaints
 - 3.6 Appeals
 - 6.5 Access and equity
 - 6.6 Aboriginal and Torres Strait Islander
 - 6.8 Code of Behaviour
- 7.2. Standards for Registered Training Organisations (RTOs) 2015:
 - Standard 1.7, 5.1, 5.4 and 6.1 to 6.6
- 7.3. VET Student Loans Rules 2016
 - Subdivision D, 26, (1), (c)
- 7.4. Australian Nursing and Midwifery Accreditation Council, Enrolled Nurse Accreditation Standards 2017
 - Standard 6.1(c), 6.3 - 6.9

8. Review:

- 8.1. This Policy is to be administered by the Director of Education. 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:

Last amendment:	Nov 2023	Next Review:	Nov 2025
Sponsor:	Director		
Contact Officer:	Compliance Manager		

Version	Date Approved	Approved by	Brief description
1	2001	CEO/Secretary ANMF (SA Branch)	First version
7	Dec 2018	CEO/Secretary ANMF (SA Branch)	Review
8	June 2020	HoLD	Review
8.01	23/06/2022	DLandD	Major Amendments
8.02	29/06/2022	Compliance Officer	Major Amendments
9.12	01/09/2023	Compliance Manager	Draft
9.22	12/09/2023	ASC	Draft
9.32	12/10/2023	ASC	Draft
9.0	16/11/2023	Branch Executive	Final

3.5 COMPLAINTS

1. Policy statement

- 1.1 Students, including children and young people, 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, child safety incidents, the conduct of staff, other students, and/or third parties.

4. Principles

- 4.1 ANMEC and HERC will endeavour to deal with all complaints promptly, sensitively and fairly and 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 Education.

- 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.
- 4.12 Unless otherwise specifically stated in the relevant placement agreement, any complaints that arise during a student's work placement must be resolved using this policy.

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 3.5.1 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 Education (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 complaint's procedure.

7. Review

- 7.1 This Policy is to be administered by the Director of Education. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval by the Branch Executive.

8. Other Relevant Documents/Links

- 3.6 Appeals
- 6.10 Code of behaviour

9. Document History and Version Control:

Last amendment:	Nov 2023	Next Review:	Nov 2025
Sponsor:	Yanni Cotis		
Contact Officer:	Yanni Cotis		

Version	Date Approved	Approved by	Brief description
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6		Lea Hague	Review of Policy
6.01	14/10/21	Compliance Officer	Minor Amendment
7.1	03/03/22	Compliance Officer	Draft
7.2	04/03/22	Compliance Officer	Draft
7.3	08/03/22	ALC	Draft
7.4	09/03/23	Compliance Manager	Draft
7.5	30/09/23	ASC	Draft
7.0	16/11/23	Branch Executive	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 endeavour to deal with all appeals promptly, sensitively and fairly and will ensure the principles of natural justice and procedural fairness are adopted at every stage of the process.
- 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 section 6 below.
- 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 3.5.1 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 Education, or from their ANMEC email address to 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 4.9) 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 South Australian Skills Commission to pursue a review of the appeal panel's determination. For VET Student Loans, FEE Help re-crediting external appeals, please see Appendix 5. Appeal to the Administrative Appeals Tribunal. Tasmanian students should be informed that they can contact the National Training Complaints Hotline.

6.8 If the appellant pursues further review with the South Australian Skills Commission, 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 5. Appeal to the Administrative Appeals Tribunal (AAT)

8. Document History and Version Control:

Last amendment:	04/03/22	Next Review:	March 2024
Sponsor:	Compliance Manager		
Contact Officer:	Compliance Manager		

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
7.01	28/02/23	Compliance Manager	Minor Amendment

3.7 INTERVENTION

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) in regards to the early identification of and support for students who are not achieving academic learning outcomes.
- 1.2. This policy further sets out the guidelines for the implementation of the intervention actions required by staff for students of ANMEC and HERC who are not achieving academic learning outcomes.

2. Application:

- 2.1. This policy is applicable to:
 - The Course/Education Managers
 - Educators
 - Students

3. Definitions:

- 3.1. Extenuating circumstances - exceptional, unforeseeable, short-term circumstances which affects a student's ability to study or take assessments.
- 3.2. Action plan – a set of actions and a follow up meeting date, agreed between relevant staff and a student, to address failure to meet course progression requirements (see appendix 1).
- 3.3. Reasonable adjustments - Reasonable adjustments are adaptations made to training to remove barriers and ensure all individuals have a fair and equitable chance to participate. For further information on reasonable adjustment see procedure 4.6.2 Reasonable Adjustment.
- 3.4. Satisfactory course progress – A student is considered to be making satisfactory course progress if they are meeting the course progression requirements as detailed in section 6.1.
- 3.5. For other terminology refer to the ANMEC HERC Policy Manual glossary.

4. Principles:

- 4.1. During their induction students will be made aware of the requirements for satisfactory course progress and the academic support services available to them.

- 4.2. ANMEC and HERC will monitor student progress in order to determine support needs of individual students not identified during the upfront assessment of needs process at enrolment (see policy 2.1 Course Enrolment).
- 4.3. ANMEC and HERC are committed to the provision of the educational and support services needed for students to meet the requirements of their course, including reasonable adjustments.
- 4.4. Students who are deemed to not be making satisfactory course progress will be made aware of the issue and an action plan to achieve satisfactory course progress will be determined.
- 4.5. ANMEC and HERC are committed to working cooperatively with students to monitor action plans so that students return to satisfactory course progress.
- 4.6. ANMEC and HERC will make reasonable efforts to determine if extenuating circumstances are impacting a student's performance.

5. Responsibilities:

- 5.1. Course/Education Manager – is responsible for calling intervention meetings, ensuring an appropriate action plan is signed by the educator and student, monitoring the action plans, and escalating non-compliance with action plans as per the procedure in section 6.
- 5.2. Educators – are responsible for monitoring the students course progress and immediately informing the course/education manager if it falls below satisfactory.
- 5.3. Students – have a responsibility to:
 - a) Work honestly and cooperatively with staff to determine support needs, including the need for reasonable adjustments;
 - b) contact their educator or course/education manager if they are experiencing any difficulties with their course;
 - c) contact their educator or course/education manager if they believe there are extenuating circumstances impacting their performance;
 - d) attend any meetings called by ANMEC or HERC staff; and
 - e) follow any action plan agreed with their educator or course/education manager.

6. Procedures:

- 6.1. To determine satisfactory course progress, educators will monitor the progress of students against the course progression requirements detailed in policy 4.2 Course Progress. These are:
 - a) Completion of assessments to a satisfactory standard by the due dates as set out in the relevant documents;
 - b) Attend, and successfully complete, all required vocational placements; and
 - c) attend, at minimum, 80% of scheduled classes and 100% of scheduled simulation activities.
- 6.2. If a student fails to meet the requirements listed in 6.1 a-c, the student is considered to be not making satisfactory course progress. The educator should notify the course manager immediately.
- 6.3. For non-VETiS students, the course manager should arrange a meeting with the student within two weeks of being notified by the educator. For VETiS students, the school's VET leader should be notified of the upcoming meeting.
- 6.4. The notification to the student of the meeting should be in writing or by email and should identify which course progression requirement/s the student has failed to meet and what the meeting aims to achieve. The student should be informed that they have the right to bring a support person to the meeting.
- 6.5. If the student fails to attend the meeting and does not make contact to arrange a subsequent meeting, please see policy 2.4 Termination of Course Enrolment for next steps.
- 6.6. At the meeting the course/education manager, the educator, and the student should discuss the student's failure to meet the satisfactory course progression requirements and explore potential actions the student could take to meet the requirements going forward.
- 6.7. During the meeting, the course manager and educator should attempt to determine if there are legitimate extenuating circumstances that mitigate against the student's failure to meet the course progression requirements.
- 6.8. If the educator and course manager determine there are extenuating circumstances, refer to policy 3.4 Student Support and refer students to the appropriate support services. Further, sections 6.10 – 6.11 below should be completed with due consideration for any extenuating circumstances.

- 6.9. If a student declares that they have a previously undeclared/unknown disability or learning need, please refer to the procedure 4.6.2 Reasonable Adjustment for next steps.
- 6.10. Once there is agreement on how the student can meet the course progression requirements, an action plan, see appendix 1, should be completed. All parties to the meeting must sign the action plan.
- 6.11. The student should receive a copy of the action plan. The course manager should save a copy of the plan in the student's file and record the details of the meeting in VETRAK.
- 6.12. At the follow up meeting the educator and course manager, should determine whether the student has met the requirements of the action plan. If the requirements have been met and the student is now meeting the course progression requirements, no further action is required. The outcome should be recorded on VETRAK.
- 6.13. If the requirements of the action plan have not been met and the student continues to fail to meet the course progression requirements, the course/education manager must make a determination as to whether to repeat steps 6.3 - 6.12 or to consider termination of the student's enrolment (see policy 2.4 Termination of Course Enrolment).
- 6.14. For VETiS students, any action plan must also be approved by the school VET leader.

7. Other Relevant Documents/Links

- 7.1. This policy is designed to be in compliance with ASQA standards:
 - a) 1.3
 - b) 1.7
- 7.2. This policy is designed to be in compliance with ANMAC standards:
 - a) 6.3
 - b) 6.4
- 7.3. Related ANMEC policies and procedures:
 - a) 2.4 Termination of Course Enrolment
 - b) 3.4 Student Support
 - c) 4.1 Course Attendance
 - d) 4.2 Course Progress
 - d) 4.6.2 Reasonable adjustment procedure

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:

Last amendment:	Nov 2023	Next Review:	Nov 2025
Sponsor:	Director		
Contact Officer:	Compliance Manager		

Version	Date Approved	Approved by	Brief description
2	Dec 2018	CEO/Secretary ANMF (SA Branch)	
3	August 2020		Review and reformat of policy
4.1	23/11/2022	Compliance Officer	Draft
4.2	10/01/2023	Compliance Manager	Draft
4.3	19/01/2023	ASC	Draft
4.4	23/03/2023	Compliance Manager	Draft
4.5	01/06/2023	Compliance Manager	Draft
4.0	16/11/2023	Branch Executive	Final

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.

8.2. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval by the Branch Executive.

9. Document History and Version Control:

Last amendment:	Feb 2023	Next Review:	July 2025
Sponsor:	M Corlis		
Contact Officer:	Y Cotis		

Version	Date Approved	Approved by	Brief description
V8	04.03.2020	Lea Hague	Reformatted ANMEC/HERC
V9	25.01.2023	Megan Corlis	Minor amendment

3.9 LIBRARY SERVICES

1. Policy Statement:

- 1.1. ANMEC and HERC are committed to providing contemporary and relevant resources and reference and information services for branch staff, members and students.
- 1.2. To this end, ANMEC and HERC will provide a library and specialised information service to support the professional, industrial, and education needs of staff, members, and students.

2. Application:

- 2.1. This policy is applicable to:
 - Director of Education
 - Course Managers
 - Education Managers
 - Librarians
 - Educators
 - Students

3. Definitions:

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

4. Principles:

- 4.1. ANMEC and HERC will provide access to a library, resources, and specialised information services for current students and educators at ANMEC and HERC.
- 4.2. The library 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.
- 4.3. The library services will respond to people's information and learning needs.
- 4.4. The library will provide student support services to students of ANMEC and HERC that are aligned with the standards of The Australian Nursing & Midwifery Accreditation Council (ANMAC) and The Australian Skills Quality Authority (ASQA).

5. Responsibilities:

- 5.1. **ANMF (SA & TAS):** Are responsible for providing appropriate staff to the library services.

- 5.2. **Library staff:** Are responsible for the maintenance and development of the collection and the provision of services.
- 5.3. **Library users:** Are obliged to adhere to the libraries' procedures for borrowing and use of information technology in conjunction with relevant policies.

6. Procedures

- 6.1. The ANMEC and HERC libraries will provide student support services through a designated staff member.
- 6.2. The ANMFSA Library collection is developed and maintained in accordance with the policy 3.10 Library Collection.
- 6.3. Information resources provided by the library are subject to licensing agreements and/or copyright law and all users are legally obliged to comply. All content made accessible by the library is for educational, research or personal use only. Resources must not be used for commercial purposes or re-sold in any way. Any copyright resides with the original author or publisher, unless otherwise specified.
- 6.4. The provision of library and information services to HERC students is specified in a License Agreement and Third-Party Arrangement. For further information concerning the HERC library, please refer to the HERC library policy.

7. Other Relevant Documents:

- 3.10 Library Collection Policy
- Partnership (Third Party) Agreements
- Library work instructions

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:

Last amendment:	Nov 2023	Next Review:	Nov 2025
Sponsor:	Compliance Manager		
Contact Officer:	Director		

Version	Date Approved	Approved by	Brief description
1	12/2008		Original policy
6	12/2018	CEO/Secretary ANMF (SA Branch)	Reviewed
7.1	19/01/2023	ASC	Draft
7.0	16/11/2023	Branch Executive	Final

3.10 LIBRARY COLLECTION DEVELOPMENT

1. Policy Statement:

- 1.1. The ANMF(SA) Library provides contemporary and relevant resources and reference and information services for staff, members and students of ANMEC and HERC.
- 1.2. This collection development policy has been developed to ensure resources collected and made available to users are responsive and relevant to organisational, member, and student needs. The policy provides a rationale for how resources will be selected, acquired, made available to users, and discarded where appropriate.

2. Application:

- 2.1. This policy is applicable to:
 - Director of Education
 - Staff
 - Members
 - Librarians

3. Definitions:

- 3.1. For terminology refer to the ANMEC HERC Policy Manual.

4. Principles:

- 4.1. The ANMF(SA) collection is developed and maintained:
 - a) To support the information and professional development needs of staff and members; and
 - b) To support students in the subject areas covered at ANMEC and HERC.
- 4.2. ANMEC will establish a process and criteria for the acquisition and deselection of material for the ANMF(SA) library collection.
- 4.3. ANMEC will develop, maintain and review the collection periodically to ensure its relevance to user needs.
- 4.4. ANMEC will prefer digital formats, where possible, to support equity of access.
- 4.5. All content made available by the library is for educational, research, or personal use only. Resources must not be used for commercial purposes or resold in anyway.

5. Responsibilities:

- 5.1. **Library staff:** Are responsible for the selection and purchase of new material for the library in consultation with Branch staff and ANMEC/HERC educators and processing resources and making these as widely accessible as possible.

6. Procedures

Selection and acquisition of material

- 6.1. The library will collect resources covering the following main areas:
- a) Clinical nursing practice
 - b) Health, sterilisation and carer education
 - c) Law & ethics - nursing/medical
 - d) Industrial relations and unionism in Australia
 - e) Nursing workforce
 - f) Hospital statistics
 - g) Public health and climate change
 - h) Government health policies - Federal and State
 - i) Nursing/midwifery and medical history
 - j) Nursing biography/non-fiction
 - k) ANMF SA history
 - l) Non-clinical nursing practice
 - m) Occupational health & safety
 - n) Research
 - o) Leadership
 - p) Management
 - q) Training and assessment
 - r) Career development
 - s) Self-care and wellness
- 6.2. Staff purchase requests are to be directed to the librarian in writing and require approval by the Director of Education
- 6.3. The librarian will select material using:
- a) Publisher catalogues;
 - b) Advice from ANMF(SA) and HERC staff, members and students;
 - c) ANMEC/HERC reading lists; and
 - d) Book reviews in nursing journals.
- 6.4. Material included in the library collection may be developed in the following formats:

- a) Books (print and electronic);
- b) Journals (print and electronic);
- c) Streamed videos;
- d) Electronic resource; e.g. databases; and
- e) Teaching/learning aides.

6.5. Purchases of online collections and/or via consortia arrangements with other ANMF branches will be considered if they deliver cost, content, and accessibility benefits.

Electronic and digital format

- 6.6. When considering resource format, the librarian will consider the following guidelines:
- a) when print books are the only option they are acquired if deemed to support user information needs.
 - b) eBooks are important to provide greater access to a wide range of users and to high use materials and will be part of the collection development priorities.
 - c) streamed videos are the preferred format.
 - d) web hosted databases and electronic journals are preferred over locally hosted resources. Licensing agreements that support multiple simultaneous users and offsite access are favoured.

Licensing and copyright

- 6.7. All requests for licensed information are checked and must meet a range of specific selection criteria based upon:
- a) Relevance;
 - b) Quality;
 - c) format/accessibility;
 - d) currency;
 - e) budget requirements;
 - f) cost effectiveness;
 - g) technical/set up requirements;
 - h) terms of use; and
 - i) publisher/vendor support services.
- 6.8. User rights for licensed resources will be documented in resource license agreements and are communicated to users, where possible, via the library catalogue and intranet (for staff).

Resources for ANMF(SA) & ANMEC

- 6.9. Library acquisitions to support ANMF and ANMEC courses and modules should be discussed in advance of course offerings in consultation with Branch Education and ANMEC staff. Acquisition of prescribed texts for accredited courses will be given priority, with lower priority given to recommended reading and supplementary texts.

Donations

- 6.10. Members, staff, and members of the public seeking to donate material to the ANMF (SA Branch) can be directed to the library. Offers of donations are welcome but the Librarian reserves the right to reject or offer alternative avenues for donations if the item/s do/es does not meet the requirements of the collection.
- 6.11. Any donations will be reviewed as possible new acquisitions according to the item and the needs of the collection. Any donations require an item receipt to be distributed to the party donating the item and ownership rights transferred to the Branch.
- 6.12. Documents and forms pertaining to the acceptance and acquisition of donations are available from the Librarian.

Collection evaluation

- 6.13. Resources will be regularly evaluated using loan statistics, online access statistics, and reshelving activity. Resources with particularly low usage may be promoted to users and/or considered for removal from the collection.
- 6.14. Multiple print copies will be considered for high use materials.

Review of the Library collection

- 6.15. Currency is of vital importance to Library resources and weeding of the collection needs to be undertaken on an annual basis. Due care needs to be taken that unique historical material is not discarded.
- 6.16. Material may be discarded when:
- a) an item is damaged
 - b) an item or product is duplicated
 - c) an item is out-dated and available in electronic format
 - d) an issue is no longer of relevance to the ANMF (SA Branch) or ANMEC/HERC education
 - e) irrelevant/unwanted material has been donated
 - f) updated material (e.g. a later edition) is available
 - g) an item contains inaccurate content

7. Other Relevant Documents:

3.9 Library Services

6.5 Partnership (Third Party) Agreements

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 Branch Executive.

9. Document History and Version Control:

Last amendment:	Nov 2023	Next Review:	Nov 2025
Sponsor:	Compliance Manager		
Contact Officer:	Director		

Version	Date Approved	Approved by	Brief description
1	12/2008		Original policy
3	12/2018	CEO/Secretary ANMF (SA Branch)	Reviewed
4.1	01/2023	ASC	Draft
4.0	16/11/2023	Branch Executive	Final

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; and
 - f) notifications of material change or events.
- 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;
 - c) a policy manual that contains the policies that govern the operations of ANMEC & HERC; and
 - d) notifications of program changes.
- 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, statements of attainment and AQF certification documentation issued to students.
 - b) registers of all parchments, statements of attainment and AQF certification documentation 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. Other Relevant Documents/Links

- 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

Last amendment:	September 2022	Next Review:	September 2024
Sponsor:	Compliance Officer		
Contact Officer:	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
6.01	06/01/23	Compliance Manager	Minor Amendments

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 Education.
- 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:

Last amendment:	May 2020	Next Review:	October 2021
Sponsor:			
Contact Officer:			

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	Branch 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:

- ICT Breach Management Policy
- ICT Electronic Messaging Policy
- ICT Monitoring Policy
- ICT Usage Policy

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

- 1.13 Use of equipment by students
ICT Breach Management Policy (ANMF SA Branch)

ICT Electronic Messaging Policy (ANMF SA Branch)

ICT Monitoring Policy (ANMF SA Branch)

ICT Policy Definitions (ANMF SA Branch)

ICT Usage Policy (ANMF SA Branch)

7. Document History and version Control

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Sponsor:	Megan Corlis		
Contact Officer:	Yanni Cotis		

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1	July 2009	CEO/Secretary ANMF (SA Branch)	Origin of Policy
2	Dec 2018		Minor Amendment
3	Dec 2022		Minor Amendment
4	Jan 2023	Director Learning	Minor Amendment

Section 4 – Training and Assessment

© Australian Nursing and Midwifery Education Centre

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 of Education;
 - 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. 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'](#)
 - 3.4. Satisfactory course progress – A student is considered to be making satisfactory course progress if they are meeting the course progression requirements as detailed in policy
- #### 4.2 Course Progress
- 3.5. 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.
 - 3.6. 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.

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 of Education: 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 6.6 – 6.14 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. Where students are absent for consecutive classes or are at risk of falling below the required attendance rate (80%) due to absences, educators will discuss the situation with them and remind them of the need to meet satisfactory course progress requirements.
- 6.4. Where students have fallen below the required attendance rate (80%), the educator will follow the procedures outlined in policy 3.7 Intervention.
- 6.5. For VETiS students, the course manager will notify the school VET coordinators to advise them of each stage of the process.

VSL Engagement Requirements (principles 4.4 - 4.5)

- 6.6. 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.
- 6.7. The engagement requirements involve students fulfilling progression milestones three times a year.
- 6.8. Within each progression period ANMEC administrative services officers (ASO) will send VSL progression forms to those students identified through the VETtrak system.
- 6.9. Students have fourteen days after receiving the progression form to demonstrate their engagement (e.g. continuing, withdrawal, deferral, etc).
- 6.10. 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.
- 6.11. 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.
- 6.12. 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.
- 6.13. 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.
- 6.14. 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 Branch Executive.

9. Document History and Version Control:

Last amendment:	October 2022	Next Review:	October 2024
Sponsor:	Director		
Contact Officer:	Compliance Manager		

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7			Policy Review
8.0	28/09/22	Branch Executive	Final
8.01	29/09/22	Compliance Officer	Minor Amendments
8.02	13/10/22	ASC	Minor Amendments
8.03	16/01/23	Compliance Manager	Minor Amendments

4.2 COURSE PROGRESS

1. Policy Statement:

- 1.1. This policy sets out the criteria by which students are judged to be making satisfactory course progress at ANMEC and HERC.

2. Application:

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

3. Definitions:

- 3.1. Satisfactory course progress – A student is considered to be making satisfactory course progress if they are meeting the course progression requirements as detailed in section 4.2.
- 3.2. For other terminology refer to the ANMEC HERC Policy Manual glossary.

4. Principles:

- 4.1. ANMEC and HERC staff are committed to monitoring, recording and assessing the course progress of each enrolled student to ensure they are making satisfactory course progress and thus able to complete their training within their enrolment period.
- 4.2. Satisfactory course progress requires that a student meets the following course progression requirements:
 - a) completion of assessments to a satisfactory standard by the due dates as set out in the relevant documents;
 - b) Attend and successfully complete all required vocational placements; and
 - c) attend, at minimum, 80% of scheduled classes and 100% of scheduled simulation activities.
- 4.3. Diploma of Nursing students have additional progression requirements over and above those in section 4.2 above. These requirements are detailed in appendix 9.
- 4.4. ANMEC and HERC staff will ensure an action plan is implemented in situations in which a student is not making satisfactory course progress.
- 4.5. The ability to progress within a course can be affected by non-payment of fees.

5. Responsibilities:

- 5.1. Course/Education Manager - Responsible for oversight of educators monitoring, recording and assessing of students' progress.
- 5.2. Educator – Responsible for monitoring, recording, and assessing student progress.
- 5.3. Administrative Services Officers - Responsible for monitoring a student's payment of course fees.
- 5.4. Student - responsible for contacting their educator or course/education manager, at the earliest opportunity if there is any reason that believe they may not be able to meet the satisfactory course progress requirements.

6. Procedures:

- 6.1. Educators will monitor the progress of students against the course progression requirements.
- 6.2. Situations in which a student is not making satisfactory course progress will be addressed as per policy 3.7 Intervention, including the creation of an action plan as per the aforementioned policy.
- 6.3. Administrative Services Officers will monitor students' payment of course fees.
- 6.4. In situations in which a student's course fees are not up to date, see policy 3.1 Payment of Course Fees.

7. Other Relevant Documents/Links

- 7.1. This policy is designed to be in compliance with ANMAC standards:
 - a) 5.3
- 7.2. Related ANMEC policies and procedures:
 - a) 3.1 Payment of Course Fees
 - b) 4.1 Course Attendance
 - c) 4.2 Intervention

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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5	04/2020	CEO	Policy Review
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6.2	23/03/23	Compliance Manager	Draft
6.3	05/04/23	ASC	Draft
6.0	16/11/23	Branch Executive	Final

4.3 REQUIREMENTS FOR ASSESSMENTS FOR ASSESSORS

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 Education;
 - Administrative Services Officers;
 - 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 cannot make assessment judgements, but may teach under the supervision of a suitably qualified individual and must follow the process outlined in procedure 4.3.1 Supervision of Staff Obtaining a TAE.

- 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. Responsibilities:

- 5.1. **Director of Education:** 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. Procedure/s:

- 6.1. The Director of Education 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 Education 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 Education will coordinate with Course Managers to ensure procedure 4.3.1 Supervision of Staff Obtaining a TAE is followed.
- 6.5. The Director of Education 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. Other Relevant Documents/Links:

- 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 Branch Executive.

9. Document History and Version Control:

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4	April 2020	Lea Hague	Policy Review
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5.0	21/09/2023	Branch Executive	Final
5.01	21/10/2023	Compliance Manager	Major Amendments
5.02	21/11/2023	ASC	Major Amendments
5.02	20/03/2024	Branch Executive	Major Amendments

4.4 TRANSITIONING FROM SUPERSEDED QUALIFICATIONS

1. Policy statement:

- 1.1. Qualifications and units of competency are superseded, deleted, or made non-current on the national register as part of periodical reviews.
- 1.2. These updates have the potential to be disruptive to the educational experience of ANMEC's and HERC's students.
- 1.3. ANMEC and HERC, therefore, are committed to minimising the disruption that changes to a course's status can have on students and communicating effectively with students regarding the transition process.
- 1.4. This policy will provide guidelines to staff, and clarity to students, when training packages or standalone units of competency offered by ANMEC and HERC are superseded, deleted, or become non-current.
- 1.5. Students wishing to transition from another provider should consult policy 2.5 Credit Transfer.

2. Application:

- 2.1 This policy is applicable to:
 - Director of Education;
 - Course managers;
 - ANMEC administrative staff;
 - HERC education manager
 - Other relevant HERC staff;
 - Students.

3. Definitions:

- 3.1. **Deleted:** In some instances, training package developers determine there is no longer sufficient demand for a qualification. The qualification is deleted without being superseded by another qualification.
- 3.2. **eCAF:** Is an Electronic Commonwealth Assistance Form and must be completed by eligible students wishing to use a VET Student Loan for the payment of their tuition fees.
- 3.3. **Equivalent and non-equivalent:** If a training product or standalone unit of competency is updated and deemed equivalent to the superseded product, ASQA will automatically update the scope of registration. Where a training product is

updated and deemed to be non-equivalent, the RTO must apply to ASQA for the replacement to be added to the scope of registration.

- 3.4. **National register:** the register maintained by the Commonwealth Department responsible for VET. Currently found online at training.gov.au.
- 3.5. **Non-current:** When an accredited course expires the national register is updated to show the course as non-current.
- 3.6. **Scope of registration:** Is the training products for which ANMEC is registered with ASQA to issue AQF certification documentation.
- 3.7. **Superseded:** SSO's follow a cadence of research and industry consultation that leads to updates to training packages which reflect the current skill needs of the relevant industry. When a training package or standalone unit of competency is updated it is marked on the national register as superseded.
- 3.8. **Training package:** a collection of components (units of competency, assessment requirements, qualifications, credit arrangements) and companion volumes endorsed by Skills Service Organisations (SSOs) that specify the skills and knowledge required to perform in a particular area of employment.
- 3.9. **Transition:** Is the collective name for the actions needed to meet requirements in the Standards for RTOs (2015) related to superseded, deleted, or non-current training packages or units of competency.

4. Principles:

Students

- 4.1. When a training package or standalone unit of competency is superseded, affected students should be informed as soon as practicable that there may be changes to their student arrangements.
- 4.2. A student must be allowed to complete the course in which they were originally enrolled or be transferred to a replacement course with minimum disadvantage to the student.
- 4.3. Where possible, affected students should be given the choice as to whether to transfer to the most recent version of the qualification if they cannot complete their course within the teach out period.
- 4.4. Students currently enrolled should be notified of proposed transition arrangements as early in the process as possible. The notification should include information on the effects of the transition arrangements and provide clear instructions as to how the student can access advice and guidance.

- 4.5. Evidence must be sought from students of agreement to enter transition arrangements. Transition will not occur until the student has had sufficient opportunity to respond to requests from ANMEC or HERC to enter a transition arrangement.

Transition arrangements

- 4.6. Transition arrangements proposed by ANMEC or HERC in response to a training package or a unit of competency being offered as a standalone training product, being superseded must be completed within one year from the date the replacement training product was released on the National Register.
- 4.7. Transition arrangements proposed by ANMEC or HERC in response to a training AQF qualification being deleted or made non-current must be completed within two years from the date the AQF qualification was removed or deleted from the National Register.
- 4.8. Students must not commence training and assessment in a training package, or unit of competency being offered as a standalone training product, that has been removed or deleted from the national register.
- 4.9. No action is required when a unit of competency within a training package is superseded, but the training package itself remains current.

5. Responsibilities:

- 5.1. **Director of Education (the Director):** Determine and implement ANMEC's strategy for meeting the requirements of this policy. Monitor direct reports and third-party providers to ensure their compliance with the policy and the requirements of the Standards for RTOs (2015).
- 5.2. **Course/Education Managers:** Maintain awareness of the status on the National Register of those courses for which they are responsible. Determine and implement transition arrangements when courses are superseded, deleted or made non-current that minimise disruption to students.
- 5.3. **ANMEC/HERC administrative staff:** Assist course/education managers with the administrative elements of transition.
- 5.4. **Students:** Respond within 21 days to communications from ANMEC and HERC regarding transition arrangements.

6. Procedures:

- 6.1. When a training package or standalone unit of competency is deleted or made non-current, no further enrolments can be made from the date its status was changed on

- the National Register. Any students enrolled in course scheduled to begin after that date should be informed and any deposits or pre-paid fees refunded.
- 6.2. When a training package or standalone unit of competency is superseded, the Course Manager must implement the Superseded Training Communication and Action Plan (Appendix 1).
 - 6.3. The Superseded Training Communication and Action Plan (Appendix 1) is divided into three stages. Initial notification, outcome from ASQA after addition to scope, and following up students who have not responded to previous communications.
 - 6.4. Initial notification requires the circulation of an email to inform students that the training package or standalone unit of competency has been superseded and that it might impact their studies. It also requires adding a disclaimer to the website informing potential students that the current training product has been superseded.
 - 6.5. The next stage, when the outcome from ASQA after the addition of the new training product to ANMEC's scope of registration has been received, requires the halting of any further enrolment in the old training product, the updating of existing information across the various channels by which it is distributed, and informing students about the change and seeking students' preferences in regard to transitioning to the new training product.
 - 6.6. The final stage, following up with students who have not responded to communications by ANMEC or HERC, involves communications to provide students with a final opportunity to engage before moving to policy 2.3 Termination of Course Enrolment. Students who do not respond to attempts to communicate, must still be exited from the course in line with section 4.6 above. This may affect deferred students in addition to those currently enrolled.
 - 6.7. Appendices 2 – 6 include email templates that course managers and administrative staff may use to circulate key information to students and the appendices are aligned with the stages on the Superseded Training Communication and Action Plan.
 - 6.8. Once a course manager has tailored the Superseded Training Communication and Action Plan to the transition of the training product they are responsible for, the Action Plan should be submitted to the next meeting of the ANMEC Leadership Committee. This submission should be no later than four weeks from the date the training product's status changed on the National Register.
 - 6.9. It is the responsibility of the ANMEC Leadership Committee to provide oversight of the transition process.

- 6.10. For students with VET Student Loans who chose to transition their current course to a VSL approved replacement course the student is required to submit a new eCAF for the replacement course with the new course code.
- 6.11. ANMEC administrative staff must provide any student with a VET Student Loan who wishes to transition with clear and transparent tuition fee impacts, information and any other relevant notices related to their loan. The new eCAF must be submitted before the first census day of the replacement course if they wish to access a loan.
- 6.12. ANMEC administrative staff must:
- upload the student's enrolment information for the replacement course into the eCAF system.
 - monitor the eCAF system and ensure the student submits the eCAF for the replacement course prior to the first census day in the replacement course for which they wish the loan to apply.
 - update and reissue Statement of Covered Fees, Fee Notices and Commonwealth Assistance Notices (CAN) applicable to the census days in the replacement course.

7. Relevant Documents/Links:

- 7.5. ANMEC Policies and Procedures:
- 2.3 Termination of Course Enrolment
- 7.6. Standards for Registered Training Organisations (RTOs) 2015:
- Standard 1.26-1.27
- 7.7. VET Student Loans Act
- Paragraph 14(2)(a)
- 7.8. VET Student Loans (Courses and Loan Caps) Determination 2016
- Paragraph 5(1)(b)

8. Document History and Version Control:

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1	01/03/2013	CEO	First version
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5.1	10/08/2023	Compliance Manager	Draft
5.2	18/09/2023	Compliance Manager	Draft
5.3	20/09/2023	ASC	Draft
5.0	16/11/2023	Branch Executive	Final

4.5 STUDENT ASSESSMENT

1. Policy Statement:

- 1.1. This policy sets out the aim of 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 and HERC'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 and HERC'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 Education;
 - Course/Education Managers;
 - Educators;
 - Administrative Services Officers;
 - Students.

3. Definitions:

- 3.1. **Principles of Assessment** are Reliability, Fairness, Flexibility and Validity
- 3.2. **Rules of Evidence** are Validity, Sufficiency, Authenticity, and Currency
- 3.3. **Reasonable adjustments** are adaptations made to training to remove barriers and ensure all individuals have a fair and equitable chance to participate. For further information on reasonable adjustment, see procedure 4.6.2 Reasonable Adjustment.
- 3.4. **Training products** are AQF qualifications, skill sets, units of competency, accredited short courses or modules.

4. Principles:

Students

- 4.1 During induction 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. ANMEC and HERC will endeavour to provide assessment results and constructive feedback on submitted assessments to students within 21 calendar days of the assessments completion.
- 4.4. ANMEC and HERC will provide students with the outcomes from the final assessment of their training product within 21 calendar days of the completion of the training product for which the final assessment was undertaken or from the date of the final assessment for that training product being completed by the student (whichever comes last). The training product assessment outcomes and supporting evidence must be approved by the ANMEC course manager. Once they are approved by the ANMEC course manager the student is considered to have been assessed as meeting the requirements of the training product. This timeline can be amended in special circumstances upon approval by the course manager. Specific requirements apply to HERC during this process. These requirements are detailed in procedure 5.1.2 HERC Completions.

Alignment with training package and the standards

- 4.5. 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 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 Education:** Determine and implement ANMEC's strategy for meeting the requirements of this policy. Coordinate with the Compliance Manager and the Administrative Services Officers 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. **Administrative Services Officers:** At the direction of the Director of Education, monitor the application of this policy by course managers. Coordinate with course managers to ensure students receive the appropriate information during induction. Contribute to the documentation required for validation or moderation as needed.
- 5.3. **Course/Education 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.
- 5.4. **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. Procedure/s:

- 6.1. During induction, students will be provided with documentation or a link to online information that includes the following:
 - a) a training plan or assessment log containing the name of each summative assessment, and each summative assessments weighting/contribution to progression; and

- b) information stipulating that all assessments must be submitted by the due date recorded on the training plan or assessment log plan.
- 6.2. During induction students will be provided with the following information regarding retaking failed assessments:
- a) A student is entitled to attempt the same assessment a total of three times at no cost. The exception to this is the Diploma of Nursing's Medication Calculations Examination. A student retaking this assessment is entitled to two further attempts at different versions of the examination.
 - b) If a student wishes to undertake a further attempt after the third attempt, this will require consultation with the course manager. The outcome is at the course manager's discretion and is decided on a case by case basis. Possible outcomes are:
 - a. Subsequent attempts approved;
 - b. Subsequent attempts not approved;
 - c. Where applicable, subsequent attempts beyond the third attempt are approved, but will incur a fee;
 - d. Where applicable, 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, where applicable, charge a fee for a subsequent retake.
 - d) Students must resubmit or arrange with their educator to retake a failed assessment within five working days of the date of receipt of their assessment result.
- 6.3. During induction students will be provided with the following instructions regarding extensions and late submission:
- a) Requests for extension can be made up to the day before the assessment task due date as it appears on the training plan or the assessment log.
 - b) Extension requests can be made via email or in writing to a student's educator and will be granted at the discretion of the student's educator.
 - c) Extension requests will not be granted verbally.
 - d) Extension requests must include a reason for the request
 - e) Only late assignments that have been approved in email or in writing by the educator or course manager will be marked.
- 6.4. Credit transfer and recognition of prior learning processes are available to students as per policies 2.5 Credit Transfer and 2.6 Recognition of Prior Learning.

- 6.5. As per policy 4.3 Requirements for Assessments and Assessors, section 4.2 d), educators will be provided with an assessor guide that provides assessment instructions, including marking guidance.
- 6.6. Validation and moderation will occur as per procedure 4.6.1. Assessment Validation and Moderation. New assessments will be required to undergo validation 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. Each year's moderation events must occur within the month specified on the Assessment Validation, Moderation, Course Evaluation List.
- 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 policy
 - b) 4.6.1 Assessment Validation procedure
 - c) 4.6.2 Reasonable Adjustment procedure
 - d) 6.1.1 Course Evaluation procedure
 - e) 6.2 Stakeholder Engagement policy
 - f) 6.3 Continuous Quality Improvement policy

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 Branch Executive.

9. Document History and Version Control:

Last amendment:	June 2022	Next Review:	June 2024
Sponsor:	Compliance Manager		
Contact Officer:	Compliance Manager		

Version	Date Approved	Approved by	Brief description
7	April 2020	Lea Hague	Policy Review
8.1	20/06/2022	Compliance Officer	Major Amendments
8.0	29/06/2022	Executive	Final
8.01	19/01/2023	ASC	Minor Amendments
8.02	23/03/2023	Compliance Manager	Minor Amendments
8.03	01/06/2023	Compliance Manager	Major Amendments
8.04	15/09/2023	ASC	Major Amendments
8.04	20/03/2024	Branch Executive	Major Amendments

4.6 ACADEMIC INTEGRITY

1. Policy Statement:

- 1.1. This policy promotes the commitment of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC) to academic integrity amongst its learners.
- 1.2. The policy further defines what constitutes academic misconduct and outlines the measures ANMEC and HERC will take to prevent and address instances of academic misconduct.

2. Application:

- 2.1. This policy is applicable to:
 - Students
 - Course/Education Managers
 - Educators

3. Definitions:

- 3.1. **Academic integrity** – The expectation that students act with honesty, trust, fairness, respect and responsibility. A student's submitted work should be genuine, original, completed only with the assistance allowed according to the rules of the assessment and with any ideas or words that are not the student's own acknowledged in the fashion required by the assessment.
- 3.2. **Academic misconduct** – A student has committed academic misconduct when they alone, or in conjunction with others, have acted dishonestly in an assessment task or examination in order to obtain an unfair or unjustified advantage.
- 3.3. **Bribery** – Offering money, gifts, favours, or other inducements in order to influence staff or students to provide an unwarranted academic advantage.
- 3.4. **Coercion** – Using force or the threat of force to induce staff or students to provide an unwarranted academic advantage.
- 3.5. **Collusion** – Involves engaging in illegitimate cooperation with one or more other students to complete assessable work that is meant to be completed by a single student. This includes the sharing of questions, copying answers, or receiving compensation for completing another student's work.
- 3.6. **Contract Cheating/Impersonation** – Where a student contracts with an individual or organisation to complete work for an assessment task and then submits that work

as their own or where a student uses another individual to impersonate the student in order to complete work on their behalf.

- 3.7. **Minor academic misconduct** – Academic misconduct that is judged to be minor, inadvertent, unintentional, or accidental. An example would be a single missed reference in a written report where other references had been properly included.
- 3.8. **Major academic misconduct** – Academic misconduct that is judged to be a planned, intentional, and deliberate attempt to gain an academic advantage.
- 3.9. **Plagiarism** – The submission of work that is not the students without the student acknowledging, citing or referencing the original source of the work.
- 3.10. **Sufficient scope** – Intentionally engaging in academic misconduct is a serious issue, however, there are differences in scale and scope of infractions. A student who has purposely copy and pasted from the internet part of a written piece for an assessment portfolio has demonstrated intent, but not sufficient scope to warrant the highest penalty. A student who purchased a full essay or brought in answers to an examination would be demonstrating both intent and sufficient scope to warrant the highest penalty.
- 3.11. For other terminology refer to the document ANMEC HERC Policy Manual

4. Principles:

- 4.1. ANMEC and HERC will work to create an environment where honesty, trust, fairness, respect and responsibility are at the heart of the educational experience.
- 4.2. To ensure this, ANMEC and HERC will provide information to students that explains the importance of academic integrity and explains breaches of academic integrity and their consequences.
- 4.3. A student will be deemed to have engaged in academic misconduct when using one of the following to gain an academic advantage:
 - a) Bribery;
 - b) Coercion;
 - c) Collusion;
 - d) Contract cheating/Impersonation; and/or
 - e) Plagiarism.
- 4.4. ANMEC and HERC recognise that those new to tertiary education and its academic standards can engage in academic misconduct unintentionally. ANMEC and HERC, therefore, distinguish between minor and major academic misconduct.

- 4.5. ANMEC and HERC believe in a non-punitive educative approach to academic integrity incidents. ANMEC and HERC, therefore, will use incidents of minor academic misconduct to educate students and ensure that assistance is available to avoid future incidents and will provide an education period to facilitate students' adjustment to academic standards.
- 4.6. Major academic misconduct that is of sufficient scope may lead to suspension from participation in a course pending an investigation.
- 4.7. An investigation of major academic misconduct that finds that there was intent, and the incident was of sufficient scope may be removed from a course and/or have their AQF certification documentation revoked.

5. Responsibilities:

- 5.1. **Director of Education:** Determine and implement ANMEC's strategy for meeting the requirements of this policy. Periodically monitor the implementation of the policy.
- 5.2. **Course Managers/Education Managers:** Work with the Director to ensure ANMEC's compliance with this policy. When alerted to incidents of academic misconduct make a determination as to whether the incident is minor or major. Participate in panels to determine penalties.
- 5.3. **Educators:** Ensure students are aware of academic integrity and promote the principles of honesty, trust, fairness, respect and responsibility. Monitor student submissions for breaches of academic integrity.
- 5.4. **Students:** Act with honesty, trust, fairness, respect and responsibility. Submit only their own work. Notify an educator if they are aware of breaches of academic integrity.

6. Procedures

- 6.1. ANMEC and HERC will ensure that new students are provided with both a plain language overview of academic integrity, academic misconduct and its consequences during induction.
- 6.2. Educators should, as part of their approach to invigilation and marking, be aware of academic integrity and the potential for academic misconduct.
- 6.3. ANMEC and HERC will implement measures to support educators in ensuring academic integrity of assessment across all modes. This may include training or the use of specialised software.
- 6.4. To support ANMEC's and HERC's commitment to a non-punitive, educative approach to academic integrity, the first third of a student's enrolment period shall be

deemed as a development period for the judgement of plagiarism. Any plagiarism that occurs during this development period will be treated as minor academic misconduct.

- 6.5. 6.4 does not apply to the other forms of academic misconduct.
- 6.6. Any suspected incidents of academic misconduct should be escalated immediately to the course/education manager.
- 6.7. The course/education manager should use their academic judgement to make a determination as to the severity of the incident of academic misconduct.
- 6.8. Incidents that are judged by the course/education manager to be minor academic misconduct should be resolved between the educator and the student. The educator will require the student to undertake an alternate assessment and should make the student aware of support services and resources available to assist the student in avoiding similar incidents in future.
- 6.9. Incidents that are judged by the course/education manager to be major academic misconduct will require an investigation.
- 6.10. In the first instance, the course manager must gather evidence regarding the incident. This requires interviews of the educator, the student, and any other relevant parties. Any interviewee has the right to be accompanied by another person to this interview and should be informed of this right prior to the interview. For VETiS students, the school's VET Coordinator must be informed and the informed of the option for the VET Coordinator or parent to attend.
- 6.11. Once the interviews are completed, the course manager should determine whether the incident warrants the students suspension from study pending the outcome of the investigation. If the course manager determines that suspension is warranted, the student should be informed as soon as possible of this decision. For VETiS students, the School VET Coordinator should be also be informed.
- 6.12. The course manager must then convene an extraordinary session of the Academic Sub-Committee as soon as practicable to hear the evidence regarding the incident.
- 6.13. The Committee must make one of three determinations:
 - a) Major academic misconduct occurred;
 - b) No misconduct occurred; or
 - c) Minor academic misconduct occurred.
- 6.14. If the Committee determines b) the student should be informed. If c), see 6.8 above.

- 6.15. If the Committee determines that major academic misconduct has occurred, there are two available penalties:
- a) Where there has been a finding of major academic misconduct that demonstrated intent but not sufficient scope, the student will be deemed to have failed either the assessment or assessments, or the unit of competency or units of competency that were affected by the misconduct.
 - b) Where there has been a finding of major academic misconduct that demonstrated both intent and sufficient scope, the student will be removed from the course and may, at the discretion of the Committee, have any AQF certificates issued revoked. See policy 2.4 Termination of Course Enrolment.
- 6.16. Once the Committee has determined the appropriate penalty, the student should be informed. The student should also be informed that they have the right to appeal the decision as per policy 3.6 Appeals.
- 6.17. All incidents of academic misconduct should be recorded by the course manager on the issues register.

7. Other relevant documents/links:

- 7.1. This policy is designed to be in compliance with Enrolled Nurse Accreditation Standards 2017:
- a) 5.10
- 7.2. This policy is designed to be in compliance with the Standards for RTOs (2015):
- a) 1.8
 - b) 3.1
- 7.3. Related ANMEC policies and procedures:
- a) 2.4 Termination of Course Enrolment
 - b) 3.6 Appeals
 - c) 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:

Last amendment:	Sept 2023	Next Review:	Sept 2025
Sponsor:	Director		
Contact Officer:	Compliance Manager		

Version	Date Approved	Approved by	Brief description
1	2001		First version
2	2018	CEO/Secretary ANMF (SA Branch)	Reviewed
3.1	26/01/23	ASC	Major Amendments
3.0	21/09/23	Branch Executive	Final

4.7 VOCATIONAL 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 Education
 - 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

- 7.1. This Policy is to be administered by the Director of Education. 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

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

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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

4.8 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 Course Managers and HERC Education Manager 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 Course Managers and HERC Education Manager (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/Education Manager (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/Education Manager 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/Education Manager Coordinator.

6. Cross references

ANMEC policies:

1.7 Screening and Background Checks

1.10 Work health, safety and welfare policy

1.15 Clinical/work placement agreements

NMBA Standard 5

Standards for Registered Training Organisations (RTOs) 2015:

Clauses 5.1 – 5.4

7. Document History and Version Control

Last amendment:	January 2023	Next Review:	January 2025
Sponsor:	Director		
Contact Officer:	Compliance Manager		

Version	Date Approved	Approved by	Brief description
1	2009	CEO	First version
3	2018	CEO	Version update
3.01	25/01/2023	Director	Minor Amendments

4.9 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/Education Manager: is responsible for ensuring that the student information regarding immunisation is accurate and following up incomplete immunisation requirements.
- 5.4. Administrative Services Officers: 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 manager 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:
- 4.7 Vocational Placement Agreements
 - 4.8 Clinical/Work Placements
- 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.
- 8.2. This Policy is to be administered by the Director of Education. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval by the Branch Executive.

9. Document History and Version Control:

Last amendment:	June 2022	Next Review:	August 2023
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Contact Officer:	Compliance Manager		

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1	2013	CEO	Final
2	2018	CEO	Final
3.1	09/06/2022	Director	Draft
3.0	28/06/2022	Director	Final

Section 5 – Completion

5.1 ISSUANCE OF CERTIFICATION DOCUMENTATION

1. Policy statement

- 1.1. ANMEC will issue certification documentation in accordance with the Standards for RTO's (2015) and the Australian Qualifications Framework (AQF) in a timely manner.
- 1.2. ANMEC will ensure students undertaking its courses at HERC receive their certification documentation in accordance with the Standards for RTOs (2015) and the Australian Qualifications Framework (AQF).

2. Application

- 2.1. This policy is applicable to:
 - Director of Education;
 - ANMEC course managers;
 - ANMEC business administrative coordinator;
 - HERC education manager; and
 - HERC senior business support officer.

3. Definitions

- 3.1. **AQF Qualification:** An AQF qualification type endorsed in a training package that leads to formal certification.
- 3.2. **Certification documentation:** The set of official documents that confirms that a qualification has been completed and awarded to an individual. It consists of a testamur or statement of attainment and a record of results.
- 3.3. **Record of Results:** A record of results includes details of the units of competency completed by a student during their period of study. It includes subject/unit details, results and dates enrolled and is issued with the testamur.
- 3.4. **Revoke:** to officially cancel certification documentation.
- 3.5. **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.
- 3.6. **Testamur:** A testamur is defined by the AQF as 'an official certification document that confirms that a qualification has been awarded to an individual'

- 3.7. **Meet the requirements of the training product:** A student is considered to have met the requirements of the training product when their results are approved by the course manager during the issuance of certification documentation procedure.

4. Principles

Issuance

- 4.1. ANMEC will only issue certification documentation for training packages and/or units of competency registered on its scope of practice.
- 4.2. ANMEC will only issue certification documentation that meet the requirements of the AQF Qualifications Issuance Policy and the Standards for RTOs (2015).
- 4.3. ANMEC will only issue certification documentation once a student is determined by the relevant staff member to have meet the requirements of the training product including its assessments.
- 4.4. ANMEC will develop procedures that provide students with the ability to obtain replacement certification documentation and copies of certification documentation.
- 4.5. ANMEC will develop procedures to ensure that students taking its course through a third-party provider receive certification documentation within the required timeframe specified in the Standards for RTOs (2015).

Record keeping

- 4.6. ANMEC will maintain records of certification documentation as required by the Standards for RTOs (2015) and the AQF Qualifications Register Policy.

Revocation

- 4.7. ANMEC reserves the right to revoke certification documentation in specific circumstances.

5. Responsibilities

- 5.1. **Director of Education:** Determine and implement ANMEC's strategy for meeting the requirements of this policy and its related procedures.
- 5.2. **Course/education managers:** Complete those components of this policy and its related procedures that are assigned to them. Effectively liaise with the ANMEC business administrative coordinator or the HERC business support office to ensure the certification documentation is issued in accordance with this policy and its related procedures.

- 5.3. **Business administrative coordinator:** Ensure that the production and issuance of certification documentation meets the requirements of the relevant standards. Ensure certification documentation is issued or revoked in accordance with the requirements of this policy and its related procedures. Is responsible for maintaining the records of certification documentation as per the requirements of the Standards for RTOs (2015) and the AQF.
- 5.4. **Senior business support officer:** Effectively liaise with the ANMEC business administrative coordinator and, where necessary, the course managers to ensure that certification documentation meets the requirements of the relevant standards.

6. Procedures

Issuance

- 6.1. ANMEC and HERC will issue AQF certification documentation only to a learner whom it has assessed as meeting the requirements of the training product as specified in the relevant training package or VET accredited course.
- 6.2. 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 by the business administrative coordinator. (Student Identifier's Act 2014) unless an exemption applies under the Student Identifiers Act 2014.
- 6.3. All AQF certification documentation issued by ANMEC must meet the requirements of the Australian Qualifications Framework (AQF) and Standards for Registered Training Organisations (2015). This includes the specific requirements listed in Schedule 5 of the Standards for RTOs (2015) which detail the application of the AQF Qualifications Issuance Policy within the VET sector.
- 6.4. AQF certification documentation must be issued to a learner within 30 calendar days of the learner being assessed as meeting the requirements of the training product 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.
- 6.5. Full details of requirements for the issuance, re-issuance, and the provision of copies of certification documentation can be found in procedure 5.1.1 Issuance of Certification Documentation.
- 6.6. To ensure compliance with principle 4.5, regarding the provision of certification documentation for students who receive their training from HERC, see procedure 5.1.2 HERC Completions.

Record keeping

- 6.7. ANMEC will use VETtrak to maintain a register of AQF qualifications they are currently authorised to issue.
- 6.8. ANMEC will use VETtrak to maintain a register of all AQF qualifications and statements of attainment they have ever issued;
- 6.9. ANMEC will retain said registers of certification documentation and statements of attainment in accordance with section 4.10 of policy 3.11 Records Management.
- 6.10. ANMEC and HERC will make certification documentation available to current and past students upon request. See 6.5 above.

Revocation

- 6.11. ANMEC reserves the right to revoke certification documentation that it has issued in one or more of the following circumstances:
 - a) Where incorrect information has been included on a testamur or statement of attainment;
 - b) Where certification documentation has been issued although the requirements for the issuance of the certification documentation have not been met; and
 - c) Where there has been a finding of major academic misconduct after certification documentation has been issued.
- 6.12. Each delivery site (ANMEC or HERC) will be responsible for issuing correspondence to their affected students in writing to inform them of the revocation action. All original certification documentation that are identified as having been revoked in the written correspondence must be returned to ANMEC.
- 6.13. Where certification documentation has been issued as per 6.8 a) and b) and the fault for the error/s lies with ANMEC or HERC replacement documentation will be provided by ANMEC at no cost to the student.

7. Other relevant documents

- 7.1. ANMEC policies and procedures:
 - a) 3.11 Records Management Policy
 - b) 5.1.1 Issuance of Certification Documentation Procedure
 - c) 5.1.2 HERC Completions Procedure
- 7.2. External standards, policies, and frameworks:
 - a) Australian Qualifications Framework (AQF)

- b) AQF Qualifications Issuance Policy
- c) AQF Qualifications Register Policy
- d) Standards for RTOs (2015) Standard 3 and Schedule 5
- e) Student Identifier Act (2014)

8. Review

- 8.1. This Policy is to be administered by the Operational Sub-Committee. 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

10. Last amendment:	Feb 2023	Next Review:	Feb 2025
Sponsor:	Director		
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1	06/2000	CEO	First version
5	12/2018	CEO	Review of Policy
5.01	17/02/2023	Compliance Manager	Minor Amendments
6.11	14/09/2023	Compliance Manager	Draft
6.12	13/02/2023	OSC	Draft
6.0	20/03/2024	Final	Final

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, the course manager should share the outcome of the course evaluation with the course manager (or equivalent) at the other site.
- 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 Branch Executive.

9. Document History and Version Control:

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1	Dec 2018	CEO	Final
2.1	08/06/22	Compliance Officer	Major Amendments
2.0	29/06/2022	Branch Executive	Final
2.01	19/01/2023	ALC	Minor Amendments

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 Education;
 - the Administrative Services Officers; 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/Education 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;
 - g) children and young people; and
 - h) 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 Education:** Determine and implement ANMEC's strategy for meeting the requirements of this policy.
- 5.2. **Administrative Services Officers:** Provide support and participate in stakeholder engagement activities when required.
- 5.3. **Course/Education 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 Branch Executive.

9. Document History and Version Control:

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1	Dec 2018	CEO	Final
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2.0	29/06/2022	Branch Executive	Final
2.01	08/03/2023	Compliance Manager	Minor Amendments

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 Branch Executive.

9. Document History and Version Control:

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7	Dec 2018	CEO	Final
8.1	21/06/2022	Compliance Officer	Major Amendments
8.0	28/06/2022	Branch 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. Application

- 2.1. This policy is applicable to all staff

3. Definitions

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

4. Principles

- 4.1. Risk management practices will be rigorous and will be reviewed regularly.
- 4.2. Risk assessments of placement sites will be undertaken.
- 4.3. Risk assessments for children and young people will be undertaken as per policy 6.12 Safe Environments for Children and Young People, section 4.19 and 6.31-6.33.

5. 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. Procedures

- 6.1. Risk assessments will be undertaken and risk management strategies will be developed, implemented and reviewed annually.

- 6.2. This includes areas such as (but not limited to) financial viability risk, validation of training and assessment services, child safe environments, third party arrangements and issuance of AQF certification documentation.
- 6.3. Risk assessment of placement locations will be undertaken using standard forms, including the 'workplace learning agreement form'. The forms include a risk and mitigation section that ensures that the placement provider's place of business is safe for students, children and young people and has safety systems in place within the workplace environment.
- 6.4. An organisational risk assessment will be conducted once every two years examining the organisational risks associated with the provision of education to children and young people. This risk will be managed as per policy 6.12 Safe Environments for Children and Young People sections 6.29 – 6.31.
- 6.5. Risks will be added to the ANMEC risk register and addressed as per procedure 6.4.1 Risk Management.

7. Relevant Documents

- 7.1. ANMAC standards:
 - Standard 1.6
- 7.2. RTO Standards 2015:
 - Clauses 7.1 – 7.2
 - Standard 1
 - Standard 8
 - Clauses 3.1 – 3.4
 - Clauses 2.3 – 2.4
- 7.3. ANMEC Policies and Procedures
 - 6.12 Safe Environments for Children and Young People policy
 - 6.4.1 Risk Management

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 Branch Executive.

9. Document History and Version Control:

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5.01	17/02/2023	Compliance Manager	Minor Amendments
5.02	29/03/2023	Compliance Manager	Minor Amendments

6.5 ACCESS AND EQUITY

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 Director of Education. 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:

Last amendment:	June 2022	Next Review:	June 2024
Sponsor:	Director		
Contact Officer:	Director		

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

6.6 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 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 Education. 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:

Last amendment:	June 2022	Next Review:	June 2024
Sponsor:	Director		
Contact Officer:	Director		

Version	Date Approved	Approved by	Brief description
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	Branch Executive	Final

6.7 PRIVACY, CONFIDENTIALITY, & INFORMATION SHARING

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 Branch Executive.

9. Document History and Version Control:

Last amendment:	Sept 2022	Next Review:	Sept 2024
Sponsor:	Compliance Officer		
Contact Officer:	Compliance Officer		

Version	Date Approved	Approved by	Brief description
7.02	31/03/2023	ALC	Minor Amendments
7.01	30/03/2023	Compliance Manager	Minor Amendments
7.0	29/09/2022	Branch 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

6.8 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.
- inappropriate comments on social media websites including posting photographs

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/Education Manager

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 manager if they have extenuating circumstances and need to defer their course
- contact their course/education manager if for any reason they are going to be absent for an extended period

6. Cross references

Privacy and confidentiality

Cheating and plagiarism

Complaints
Appeals
Drugs and alcohol

7. Relevant document/links

Last amendment:	January 2023	Next Review:	January 2025
Sponsor:	Director		
Contact Officer:	Compliance Manager		

Version	Date Approved	Approved by	Brief description
1	June 2001	CEO	First version
6	2018	CEO	Version update
6.01	25/01/2023	Director	Minor Amendments

6.9 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/Education Manager or Administrator.
- 1.2. Students attending health sites for placements are obligated to show current screening and background check certificates as per SA Health policy and/or Tasmanian Health policy.
- 1.3. , Aged care facilities and community-based services are under the jurisdiction of the Federal government and require a National Police Check.

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/Education Manager and maybe discussed with Director Education, Research and Aged Care.
- 2.3. No copies of screening and background check will be retained 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 it 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 Manager 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)

<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

Last amendment:	January 2023	Next Review:	January 2025
Sponsor:	Director		
Contact Officer:	Compliance Manager		

Version	Date Approved	Approved by	Brief description
1	July 2009	CEO	First version
5	2018	CEO	Version update
5.01	25/01/2023	Director	Minor Amendments

6.10 MANDATORY NOTIFICATION OF REGISTERED STUDENTS TO AHPRA

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 Director Education, Research and Aged Care. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval by the Branch Executive.

9. Document History and Version Control:

Last amendment:	Feb 2023	Next Review:	Feb 2025
Sponsor:			
Contact Officer:			

Version	Date Approved	Approved by	Brief description
1		Executive	
5	07/2009	CEO	Review
6	29/09/2020	Executive	Review
6.01	17/02/2023	Compliance Manager	Minor Amendments

6.11 MANDATORY NOTIFICATION AND FAILURE TO REPORT CHILD SEXUAL ABUSE

1. Policy Statement:

- 1.1. This policy sets out the guidelines for staff of the Australian Nursing and Midwifery Education Centre (ANMEC) and the Health Education and Research Centre (HERC) regarding the mandatory notification of harm or risk of harm to a child or young person to the Department for Child Protection and the requirements for prescribed persons to protect children from child sexual abuse and to report suspected child sexual abuse to the Police.

2. Application:

- 2.1. This policy is applicable to:

- All staff

3. Definitions:

- 3.1. **Child or young person** - persons under 18 years of age.
- 3.2. **Harm** - Section 17 of the Children and Young People (Safety) Act 2017 defines 'harm' to mean physical or psychological harm (whether caused by an act or omission), including harm caused by sexual, physical, mental or emotional abuse or neglect.
- 3.3. **Mandated Notifier** – Section 30 of the Children and Young People (Safety) Act 2017 establishes who is a mandated notifier. This includes registered and enrolled nurses and employees of organisations that provide education to children or young people.
- 3.4. **Prescribed person** – is an employee of an institution, including those who are self-employed, working under contract, volunteering or otherwise covered by section 64 of the Criminal Law Consolidation Act 1935.
- 3.5. For other terminology refer to the ANMEC HERC Policy Manual

4. Principles:

- 4.1. ANMEC and HERC are committed to the interests and welfare of their students.
- 4.2. Employees, who are mandated notifiers, are required by law to notify the Department for Child Protection if they suspect on reasonable grounds that a child or young person is being harmed or may be at risk of harm.
- 4.3. A mandated notifier must make the notification as soon as is reasonably practicable after forming the suspicion.
- 4.4. Employees, who are prescribed persons, are required by law to report child sexual abuse

to the Police if the person knows, suspects or should have suspected that another employee of the institution is engaging or is likely to engage in child sexual abuse.

- 4.5. All adults in ANMEC/HERC are prescribed persons who have the power and responsibility to reduce or remove a risk of child sexual abuse and are therefore required by law to protect a child from child sexual abuse if the prescribed person knows that there is a substantial risk that another person who is an employee and in a position of authority in relation to the child (e.g. another educator), will engage in sexual abuse of a child.
- 4.6. Policy 6.12 Safe Environments for Children and Young People and a Children and Young People Safety Guide will be developed and maintained to provide guidance for staff about how to respond to a child safety incident, including incidents that involve an allegation against a colleague.

5. Responsibilities:

- 5.1. **Director of Education, Research and Aged Care:** Determine and implement ANMEC's strategy for meeting the requirements of this policy.
- 5.2. **Course Managers/Education Managers:** Work with the Director and the appropriate committees to ensure ANMEC's compliance with this policy.
- 5.3. **Educators and Librarian:** Abide by this policy and be aware of their role as mandated notifiers.

6. Procedures:

- 6.1. Any staff member who believes that a child or young person requires immediate medical or police intervention, must report to South Australian Police (SAPOL) on 000. Their line manager should then be notified, and the incident should then be recorded on VETtrak. In the case of VETiS students, the VET Coordinator at the school concerned must also be notified.
- 6.2. Any staff member who is a mandated notifier who reasonably believes or suspects that a child or young person is being harmed, or may be at risk of harm, including child sexual abuse, must make a report to the Child Abuse Report Line (CARL) on 13 14 78 as soon as practicable. Mandated notifiers should refer to the Department for Child Protection Notifications Checklist when making a notification. In cases involving Aboriginal children and young people, support is provided by Yaitya Tirramangkotti – an Aboriginal team reached via the CARL number. After the staff member has met their statutory obligations to make a report, they should inform their line manager.
- 6.3. All adults in ANMEC/HERC are required by law to report knowledge of or suspicion of child sexual abuse to the Police. For any harm that is not sexual abuse, voluntary

notifiers who have a reasonable belief or suspicion that a child or young person is being harmed, or may be, at risk of harm are encouraged to report to the designated contacts in section 3 of the ANMEC Code of Conduct for Child Safe Environments (Appendix A) or directly to the Child Abuse Report Line (CARL) on 13 14 78. Further information on voluntary notifiers and mandatory notification can be found in policy 6.11 Mandatory Notification and Refusal or Failure to Report Child Sexual Abuse. If a voluntary notifier is unsure of whether to report, they should speak to their line manager or ANMEC's Child Safety Officers.

- 6.4. After a report to police or CARL/SAPOL has been made, a meeting of the relevant members of the ANMEC leadership team should be held as soon as practicable to consider how ANMEC and/or HERC will support the staff, children, young people and their families that have been affected. This may include referral to welfare and support services including, but not limited to, Learning Support Services providers and/or referral to the Employee Assistance Program (which is also available to students).
- 6.5. The above information is also covered in policy 6.12 Safe Environments for Children and Young People. A Children and Young People Safety Guide is available at concierge and on Sharepoint. The Guide covers the above procedures in detail and is available to assist staff to determine appropriate responses to a child safety incident.

7. Relevant Documents

- 7.1. [CFCA Resource Sheet on Mandatory Report of Child Abuse and Neglect](#)
Key features of legislative reporting duties: “state of mind” that activates reporting duty and extent of harm.
- 7.2. [Children and Young People \(Safety\) Act 2017](#)
- 7.3. [Mandated notifiers and their role](#)
- 7.4. [Mandatory Notification checklist](#)

Checklist provided as part of the RRHAN-EC training that includes information that should be with a notifier when they make a notification.
- 7.5. [Criminal Law Consolidation Act](#)
Section 64A and 65 covering the requirement for prescribed persons to report child sexual abuse and protect children from sexual abuse
- 7.6. Relevant ANMFSA and ANMEC policies:
 - 6.12 Safe Environments for Children and Young People policy
 - ANMEC Code of Conduct for Child Safe Environments
 - ANMFSA Employment DHS Screenings Policy and Procedure

- The Children and Young People Safety Guide and Process Map

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 Branch Executive.

9. Document History and Version Control:

10. Last amendment:	Sept 2023	Next Review:	Sept 2025
Sponsor:	Director		
Contact Officer:	Compliance Manager		

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1		Executive	
5	July 2009	CEO	Review
6	29/09/2020	Executive	Review
6.01	17/02/2023	Compliance Manager	Minor Amendments
6.11	23/03/2023	Compliance Manager	Major Amendments
6.21	30/03/2023	ALC	Draft
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6.51	18/07/2023	Compliance Manager	Draft
6.61	26/07/2023	Compliance Manager	Draft
7.0	21/09/2023	Branch Executive	Final

6.12 SAFE ENVIRONMENTS FOR CHILDREN AND YOUNG PEOPLE

1. Policy Statement:

- 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) to the provision of a safe environment for children and young people.
- 1.2. To that end, the policy has been developed to clearly articulate the roles and responsibilities of the management and employees of ANMEC and HERC in the provision of a safe environment for children and young people and to promote understanding that protecting the safety and wellbeing of children and young people is the responsibility of ANMEC and HERC.

2. Application:

- 2.1. This policy is applicable to:
 - Director of Education
 - Course Managers
 - Education Managers
 - Educators
 - Librarian
 - Children and young people
 - Other students

3. Definitions:

- 3.1. **Child or young person** - persons under 18 years of age.
- 3.2. **Complainant** – person who makes a complaint.
- 3.3. **Harm** - Section 17 of the Safety Act defines 'harm' to mean physical or psychological harm (whether caused by an act or omission), including harm caused by sexual, physical, mental or emotional abuse or neglect.
- 3.4. **Working with Children Check** - People working or volunteering with children in South Australia must, by law, have a valid, not prohibited Working with Children Check. A Working with Children Check is an assessment of whether a person poses an unacceptable risk to children. As part of the process, the Screening Unit will look at criminal history, child protection information and other information.

- 3.5. For other terminology refer to the document ANMEC HERC Policy Manual

4. Principles:

Commitment to the safety of children and young people

- 4.1. Children and young people are valued, respected and encouraged to participate and the safety and protection of children and young people is always ANMEC's and HERC's first priority.
- 4.2. ANMEC and HERC are committed to diversity and all children and young people are embraced regardless of their abilities, sex, gender, or social economic or cultural background and equity is upheld.
- 4.3. Bullying and harassment will not be tolerated.
- 4.4. ANMEC and HERC staff will ensure that children and young people have access to information about services that can assist them in areas accessed by them. ANMEC and HERC staff will assist children and young people to access those resources.
- 4.5. ANMEC and HERC will assure children, young people and their families that this policy complies with the Children and Young People (Safety) Act 2017, Child Safety (Prohibited Persons) Act 2016 and the National Principles for Child Safe Organisations.

Communication

- 4.6. ANMEC and/or HERC must, on request, provide a copy of its child safe environments policies and procedures to children, young people, their families and their school VET leaders.

Participation of families, children, and young people

- 4.7. ANMEC and HERC have processes in place to listen to children and young people and encourages them to:
 - a) Be involved and informed about their rights
 - b) Understand what child safety and wellbeing means
 - c) Provide feedback including raising complaints and concerns

Code of conduct for a child safe organisation

- 4.8. All staff agree to abide by ANMEC's policies and procedures and the ANMEC Code of Conduct for a Child Safe Organisation (see appendix A)

Recruitment

- 4.9. ANMEC and HERC meet the requirements of the Child Safety (Prohibited Persons) Act 2016 which requires that staff have a current, 'not prohibited' Working with Children Check issued by the DHS Screening Unit.
- 4.10. New staff listed in section 2 will have relevant child safety documentation made available to them prior to commencing work with children or young people.
- 4.11. ANMEC and HERC will ensure that staff recruitment processes are explicitly designed to ensure that staff are aware of and prepared for child safety and wellbeing commitments.

Supervision, training, and support for employees

- 4.12. ANMEC and HERC are committed to providing ongoing support to staff about their role in maintaining child safe environments. This support includes supervision and training as required.

Reporting and responding to harm or risk of harm

- 4.13. All staff members of ANMEC or HERC listed in section 2 are [mandated notifiers](#) in accordance with section 30(3) of the Children and Young People (Safety) Act 2017.
- 4.14. All mandated notifiers have a legal obligation to report a reasonable belief that a child or young person has been harmed or is at risk of harm.
- 4.15. Voluntary notifiers who have a reasonable belief that a child or young person is, or may be, at risk of harm are encouraged to report this belief.
- 4.16. Policy 6.11 Mandatory Notification and Failure to Report Child Sexual Abuse and a Children and Young People Safety Guide will be developed and maintained to provide guidance for staff about how to respond to a child safety incident, including incidents that involve an allegation against a colleague.
- 4.17. ANMEC and HERC will support children and young people when harm has occurred.

Reporting and responding to general complaints or feedback

- 4.18. Children, young people and their families have a right to complain and to appeal the outcome of a complaint.
- 4.19. Children, young people and their families are strongly encouraged to provide feedback and suggestions for improvement.

Risk management

- 4.20. To help maintain a safe environment for children and young people, ANMEC and HERC will record, develop strategies to address, and monitor risks to children and young people.

5. Responsibilities:

- 5.1. Director of Education: Determine and implement ANMEC's strategy for meeting the requirements of this policy. Abide by this policy and assist in creating and maintaining a child safe environment. Undertake required training as per section 6.17, sign Code of Conduct for a Child Safe Organisation. Lodge a new child safe environments compliance statement every time ANMEC's or ANMFSA's child safeguarding policies are reviewed.
- 5.2. Course Managers/Education Managers: Work with the Director and the appropriate committees to ensure ANMEC's compliance with this policy. Abide by this policy and assist in creating and maintaining a child safe environment. Undertake required training as per section 6.17, sign Code of Conduct for a Child Safe Organisation.
- 5.3. Educators and Librarian: Abide by this policy and assist in creating and maintaining a child safe environment. Undertake required training as per section 6.17, sign Code of Conduct for a Child Safe Organisation.

6. Procedures

Commitment to the safety of children and young people

- 6.1. In areas accessed by children and young people, administrative and concierge staff, at the direction of their line manager, will display information about services that can assist children and young people. This should include, but is not limited to, information on the Kids Helpline on 1800 55 1800 and Youth Helpline on 1300 13 17 19.

Communication

- 6.2. ANMEC and HERC will make policy 6.12 Safe Environments for Children and Young People available to children, young people, and their families on the ANMEC website.
- 6.3. ANMEC and HERC will include a discussion of policy 6.12 Safe Environments for Children and Young People, including instructions on how to access the policy, as part of its student induction process.

- 6.4. ANMEC and HERC will, during the induction of new staff in positions listed in section 2, provide a copy of the policy manual, including policy 6.12 Safe Environments for Children and Young People.

Participation of families, children and young people

- 6.5. Children and young people are informed about their rights and encouraged to participate and provide feedback during induction.
- 6.6. The staff member conducting the induction session will clearly communicate using age and developmentally appropriate language.
- 6.7. This component of the induction session will cover the following items:
- a) Educating children and young people on their rights including, their right to make a complaint, their right to safety and the right to be listened to;
 - b) the surveys and questionnaires they will receive and how they can use these to convey their feedback on the course; and
 - c) how to provide direct feedback to educators, course managers and other staff.

Code of Conduct

- 6.8. All staff listed in section 2 must sign the Code of Conduct for a Child Safe Organisation.
- 6.9. New staff will discuss and sign the ANMEC Code of Conduct for a Child Safe Organisation as part of the induction process.

Recruitment

- 6.10. ANMEC and HERC will verify new employees have a current, not prohibited Working with Children Check before employing them to work with children and young people.
- 6.11. ANMEC and HERC will verify that existing employees have renewed their Working with Children Check every 5 years and that the status remains as not prohibited. Verification will be done online through the Organisation Portal accessed via the DHS Screening Unit.
- 6.12. ANMEC and HERC will advise the DHS Screening Unit where the organisation becomes aware of certain information regarding any person involved with our organisation, including any serious criminal offence, child protection information, or disciplinary or misconduct information.

- 6.13. Position descriptions for staff listed in section 2 must include a clear commitment to child safety and wellbeing.
- 6.14. Face to face interviews for staff listed in section 2 must include behavioural questions related to child safety and wellbeing.
- 6.15. Screening processes for staff listed in section 2, must include at least two referee checks and qualification checks.

Supervision, training and support for employees

- 6.16. In addition to those measures detailed in sections 6.9 and 6.10, new staff in positions listed in section 2 will cover the following topics on their responsibilities to children and young people during their induction:
 - a) Record keeping
 - b) Information sharing
 - c) Reporting and mandatory notification obligations
- 6.17. All staff who engage with children or young people in the course of their duties must have a current Working with Children check and have completed the following training within the last three years:
 - d) The full day 'Safe Environments – Through their Eyes' training
 - e) The 'Responding to Risks of Harm, Abuse and Neglect' (RRHAN-EC) Fundamentals training
- 6.18. Once per year, course managers overseeing educators who work with children or young people must conduct child safety and wellbeing focussed supervision of educators working with children and young people in order to facilitate continuous improvement of practices related to children and young people.
- 6.19. Line managers of staff in positions listed in section 2, will include ensuring the safety and wellbeing of children and young people as part of performance appraisals and will ensure that their direct reports undertake annual professional development related to the teaching of children and young people.
- 6.20. The Chair of the ANMEC Leadership Committee and Academic Sub-Committee will ensure child safety is included as part of each year's calendar of business.
- 6.21. As noted in 4.13, all staff in positions listed in section 2 are considered to be mandated notifiers. For information on Mandatory Notification obligations see policy 6.11 Mandatory Notification and Failure to Report Child Sexual Abuse.

Reporting and responding to harm or risk of harm

- 6.22. Any staff member who believes that a child or young person requires immediate medical or police intervention, they should report to South Australian Police (SAPOL) on 000. Their line manager should then be notified, and the incident should then be recorded on VETrak. In the case of VETiS students, the VET Coordinator at the school concerned must also be notified.
- 6.23. Any staff member who is a mandated notifier who reasonably believes or suspects that a child or young person is being harmed, or may be at risk of harm, including child sexual abuse, must make a report to the Child Abuse Report Line (CARL) on 13 14 78 as soon as practicable. Mandated notifiers should refer to the Department for Child Protection Notifications Checklist when making a notification. In cases involving Aboriginal children and young people, support is provided by Yaitya Tirramangkotti – an Aboriginal team reached via the CARL number. After the staff member has met their statutory obligations to make a report, they should inform their line manager.
- 6.24. All adults in ANMEC/HERC are required by law to report knowledge of or suspicion of child sexual abuse. For any harm that is not sexual abuse, voluntary notifiers who have a reasonable belief or suspicion that a child or young person is being harmed, or may be, at risk of harm are encouraged to report to the designated contacts in section 3 of the ANMEC Code of Conduct for Child Safe Environments (Appendix A) or directly to the Child Abuse Report Line (CARL) on 13 14 78. Further information on voluntary notifiers and mandatory notification can be found in policy 6.11 Mandatory Notification and Failure to Report Child Sexual Abuse. If a voluntary notifier is unsure of whether to report, they should speak to their line manager or ANMEC's Child Safety Officers.
- 6.25. After a report to police or CARL/SAPOL has been made, a meeting of the relevant members of the ANMEC leadership team should be held as soon as practicable to consider how ANMEC and/or HERC will support the staff, children, young people and their families that have been affected. This may include referral to welfare and support services including, but not limited to, Learning Support Services providers and/or referral to the Employee Assistance Program (which is also available to students).
- 6.26. Dependent on the circumstances, the leadership team may decide that, in the case of VETiS students, the school is best placed to offer this support and will liaise with the school's VET Coordinator to ensure that support for affected students and families is available.

- 6.27. The above information is also covered in policy 6.11 Mandatory Notification and Failure to Report Child Sexual Abuse. A Children and Young People Safety Guide covers the above procedures in detail and is available to assist staff to determine appropriate responses to a child safety incident. The Child and Young Person Safety Guide is available at concierge and on SharePoint.

Reporting and responding to general complaints or feedback

- 6.28. Children and young people receive information on complaints and the provision of feedback during their induction session. This includes a copy of the appropriate policies and processes for complaints, appeals and formal feedback and the provision of a copy of a simplified brochure that includes a summary of the complaints process and contact details of key staff.
- 6.29. Details of the processes for making a complaint or appeal and how complaints and appeals are resolved can be found in policies 3.5 Complaints and 3.6 appeals and procedure 3.5.1 Complaints. The complaints and appeals policies and the complaints procedure are available on the [ANMEC website](#). Children and young people will receive support from staff in the event they require assistance to make a complaint, appeal or wish to provide feedback.
- 6.29. Opportunities for formal feedback are detailed in policy 6.2 Stakeholder Engagement. This includes the use of surveys. Further details of how students can provide feedback or obtain information are detailed in the Student Handbook available on the [ANMEC website](#).

Risk management

- 6.30. Risks at ANMEC and HERC are addressed as per policy 6.4 Risk Management and procedure 6.4.1 Risk Management and in alignment with the ANMFSA's Risk Management Policy and Risk Management Framework.
- 6.31. ANMEC and HERC monitor risks to children and young people by the completion of an organisational risk assessment entered onto the ANMEC risk register and govern said risks as per ANMFSA and ANMEC risk policies and procedures including the escalation of risks to the ANMFSA Audit and Risk Committee.
- 6.32. ANMEC and HERC will conduct a risk assessment at each site at which a student might undertake placement and determine appropriate treatments. Treatments to the identified risks will be monitored through the ANMEC Risk Register and in accordance with the relevant risk policies and procedures.

7. Other Relevant Documents:

- 3.5 Complaints policy
- 3.5.1 Complaints procedure
- 3.6 Appeals policy
- 6.11 Mandatory Notification and Failure to Report Child Sexual Abuse policy
- ANMFSA Screenings Policy & Procedure
- The Children and Young People Safety Guide and Process Map

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 Branch Executive.
- 8.3. A new child safe environments compliance statement will be lodged after each review.

9. Document History and Version Control:

Last amendment:	Sept 2023	Next Review:	Sept 2025
Sponsor:	Compliance Manager		
Contact Officer:	Director		

Version	Date Approved	Approved by	Brief description
1			Replaces superseded Child Safety Policy
4	03/2013	CEO/Secretary ANMF (SA Branch)	Previous 'Child Safety Policy'
5	29.09.20	Executive	
6.1	12/12/22	Compliance Manager	Draft
6.2	07/02/23	Compliance Manager	Draft
6.0	17/02/23	Compliance Manager	Final
6.01	08/03/23	Compliance Manager	Minor Amendments
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6.04	13/04/23	Compliance Manager	Major Amendments
6.05	18/07/23	Compliance Manager	Major Amendments
6.06	26/07/23	Compliance Manager	Minor Amendments
6.06	21/09/23	Branch Executive	Final

6.13 DRUGS AND ALCOHOL

1. Policy statement

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

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 Work Health and Safety Act (2012) does not have provision for staff to provide students with over-the-counter medications unless that student is seen by a recognised and qualified first aid officer and the provision of such medication is recorded. For this reason students are asked to bring any medications that they might need while attending the facilities, facilities booked for the use of ANMEC or HERC staff and students, or those of industry partners.
- 3.4. There is zero tolerance for the possession, consumption, sale or distribution of illegal drugs 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 to:
 - an educator
 - the Course Manager
 - Director Education
 - 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

ANMEC Policy:

1.4 Code of behaviour

1.10 Work health, safety and welfare policy

Work Health and Safety Act 2012

Standards for Registered Training Organisations (RTOs) 2015:

Clauses 1.7, 4.1, 5.1-5.4

7. Administration

Last amendment:	January 2023	Next Review:	January 2025
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Version	Date Approved	Approved by	Brief description
1	June 2001	CEO	First version
6	2018	CEO	Version update
6.01	25/01/2023	Director	Minor Amendments

6.14 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.
- 1.2. For the purposes of this policy smoking also covers vaping.

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

South Australia

- 3.1. 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.
- 3.2. 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.

Tasmania

- 3.3. 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

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

6. Administration

7. Last amendment:	January 2023	Next Review:	January 2025
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1	May 2003	CEO	First version
4	2018	CEO	Version update
4.01	25/01/2023	Director	Minor Amendments

6.15 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 Education
 - 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.
- 4.3. Potential employees will be informed of the need for a clear commitment to child safety and wellbeing during the recruitment process.
- 4.4. Face to face interviews for staff who will be working with children will include behavioural questions related to child safety and wellbeing.

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 4.3 Requirements for Assessment and Assessors, 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 Education. The Policy is to be reviewed no less frequently than every two years. Changes to the Policy will require approval by the Branch Executive.

9. Document History and Version Control

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6.1	23/06/2022	DLD	Major Amendments
6.2	29/06/2022	Compliance Officer	Major Amendments
6.0	29/06/2022	Executive	Final
6.01	09/03/2023	Compliance Manager	Minor Amendments

6.16 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, ANMAC Standards, VET Students Loans requirements and Child Safe Environments requirements.

2. Principles

- 2.1. Education staff will be supported throughout their orientation period.
- 2.2. Education staff will be provided with the best opportunity to understand the business through a well-balanced and timed orientation.
- 2.3. Education staff will sign the Code of Conduct for a Child Safe Organisation.

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. Standards for Registered Training Organisations (RTOs) 2015
- 4.2. ANMAC Standards – Australian Nursing and Midwifery Accreditation Council
- 4.3. Orientation – the process of providing information to newly appointed staff.

5. Roles and responsibilities

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

6. Cross references

NMBA Standard 2
Standards for Registered Training Organisations (RTOs) 2015:
Standards 1.13 – 1.16
ANMEC mentoring procedure

7. Administration

Last amendment:	January 2023	Next Review:	January 2025
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1	June 2001	CEO	First version
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4.02	08/03/2023	Compliance Manager	Minor Amendments
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6.17 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.

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

Section 7 – Appendices

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Appendix 1: ANMEC Advertising Checklist

The following checklist should be used for all promotional and marketing items in print and electronic media or any other media, and for items such as information brochures, paid articles and stationery for all ANMEC programs.

Advertising and marketing material assessed: **Error! Bookmark not defined.**

Date:

Checklist completed by:

Director: ☐

OSC (for noting): ☐

Please check the following:

Includes mandatory information presented as required:

- Choose an item. - Includes the RTO's code
- Choose an item. - Includes course code and qualification title exactly as they appear on training.gov.au (TGA)
- Choose an item. - Correct use of [Nationally Recognised Training logo](#)
- Choose an item. - Where courses that are not nationally recognised training are being marketed, they can only be placed in the same advertisement of nationally recognised training if the distinction is clear. *(Note: the above two drop down boxes should remain 'not applicable' unless the training being offered/advertised is not on training.gov.au)*

Information is accurate and current:

- Choose an item. - You have checked that advertising contains only current or superseded qualifications if they are on the scope of the RTO.
- Choose an item. - You have checked to ensure that there is no advertising that contains misleading, deceptive or unconscionable conduct (Trade Practices Act) is expressed.

There should be no guarantees that a learner will successfully complete, or that the training product can be completed in a manner which does not meet the requirements of the Standards, or that the learner will obtain a particular employment outcome where this is outside the control of the RTO.

- Choose an item.
- Advertisement has been checked to ensure it doesn't contradict existing material:
Any existing advertising materials containing superseded information should be withdrawn or updated to ensure consistency and minimise confusion (e.g. website, flyers, social media posts).

Includes information about funding:

- Choose an item.
- Advertising includes details about any government funding; debts, obligations, or loss of entitlements; subsidies or support arrangements; associated with the training.

Consent and permissions:

- Choose an item.
- Has consent been obtained to refer to, or show images of, a third party (i.e. a person or organisation)? If a third party is referred to in any advertising/marketing, consent has been granted by that third party and documented and documents stored in *ANMEC Team\Operational\Marketing*.
- Choose an item.
- Permission obtained for testimonial:
Written permission must be obtained from a person or organisation for use in marketing or advertising material which includes a testimonial from that person or organisation. Such marketing or advertising materials must abide by any conditions of that permission (attach copy if required) and said permission is documented and the documents forwarded to ANMEC for storage in *ANMEC Team\Operational\Marketing*.
Evidence of permission can include an exchange of emails, a signed release form, a letter giving permission, other relevant evidence such as minutes, video recordings, etc

Diploma of Nursing (VET Student Loans) Only

For Diploma of Nursing marketing or general marketing that jointly promotes the Diploma of Nursing along with other courses, please check these additional items:

- Choose an item.
- Does not infer that the VET student loan is not a loan, e.g. stating 'government funded', 'free', or any other term that might imply it is not a loan.
- Choose an item.
- No other benefits besides the below are mentioned:
 - The content and quality of the course
 - The amount of the tuition fees for the course
 - The availability of a VET student loan for the course (except social media)
 - Marketing merchandise up to the total value of \$30 per person
- Choose an item.
- The advertising prominently mentions the following information:
 - the provider's name and any registered business name or other business name that the provider uses
 - the provider's registration code
 - the maximum tuition fees for the course
- Choose an item.
- The tuition fees for the course have been published on the website in a way that is accessible to the public and have been provided to the secretary.
- Choose an item.
- Any marketing in which the possible availability of a VET student loan is mentioned prominently includes:
 - That VET student loans will not be approved for students who do not meet eligibility requirements
 - That a VET student loan gives rise to a VETSL debt that continues to be a debt due to the Commonwealth until it is repaid
 - The font size of the two points above must be approximately the same size as other text in the marketing material or if the marketing is online, presents the information above on the same webpage.
- Choose an item.
- If the marketing uses the VET student loans logo, is the logo presented in accordance with the [style guide](#) for the use of the logo published on the Department of Employment and Workplace Relation's website.

- Choose an item.
- If the marketing is through social media, is there no reference to the availability of a VET student loan (however described) for students undertaking a course.

Final Approval:

- ☐ Advertising materials approved by:
 - ☐ Marketing / relevant HERC staff
 - ☐ Director
- ☐ Copy of advertising materials, including checklist, kept in *ANMEC Team\Operational\Marketing*
- ☐ Copy of permissions kept in *ANMEC Team\Operational\Marketing*
- ☐ Marketing recorded in the marketing register

Last amendment:	August 2023	Next Review:	August 2025
Sponsor:	Director		
Contact Officer:	Compliance Manager		

Version	Date Approved	Approved by	Brief description
.1	16/11/2022	Compliance Officer	Draft
.2	16/05/2023	Compliance Manager	Draft
.3	24/05/2023	Compliance Manager	Draft
.4	07/06/2023	Compliance Manager	Draft
.5	02/08/2023	Compliance Manager	Draft
.5	17/10/2023	OSC	Draft
1.0	16/11/2023	Branch Executive	Final

Appendix 2: HERC Advertising Checklist

The following checklist should be used for all promotional and marketing items in print and electronic media or any other media, and for items such as information brochures, paid articles and stationery for all HERC programs.

Advertising and marketing material assessed: Social Media Advertising **Error! Bookmark not defined.**

Date: 8/12/23

Education Manager: ☒

Director: ☒

OSC (for noting): ☒

Please check the following:

Includes mandatory information presented as required:

- | | |
|----------------|--|
| Yes | - Includes the RTO's code |
| Yes | - Includes course code and qualification title exactly as they appear on training.gov.au (TGA) |
| Yes | - Correctly uses the Nationally Recognised Training logo? |
| Not Applicable | - Where courses that are not nationally recognised training are being marketed, they can only be placed in the same advertisement of nationally recognised training if the distinction is clear. <i>(Note: the above two drop down boxes should remain 'not applicable' unless the training being offered/advertised is not on training.gov.au)</i> |
| Yes | - Does the advertising material clearly outline where third parties are involved in recruiting and/or delivering training and assessment on behalf of the RTO or the RTO is delivering training and assessment on behalf of another party? A third party can include the name and logo of the third party providing it is clear to the reader the details of the RTO that is offering and is responsible for the VET course. |

Information is accurate and current:

- | | |
|-----|---|
| Yes | - You have checked that advertising contains only current or superseded qualifications if they are on the scope of the RTO. |
| Yes | - You have checked to ensure that there is no advertising that contains misleading, deceptive or unconscionable conduct (Trade Practices Act) is expressed. |

There should be no guarantees that a learner will successfully complete, or that the training product can be completed in a manner which does not meet the requirements of the Standards, or that the learner will obtain a particular employment outcome where this is outside the control of the RTO.

- Yes
- The Advertisement has been checked to ensure it doesn't contradict existing material:
Any existing advertising materials containing superseded information should be withdrawn or updated to ensure consistency and minimise confusion (e.g. website, flyers, social media posts).

Includes information about funding:

- Not applicable
- Advertising includes details about any government funding; debts, obligations, or loss of entitlements; subsidies or support arrangements; associated with the training.

Consent and permissions:

- Yes
- Has consent been obtained to refer to, or show images of, a third party (i.e. a person or organisation)? If a third party is referred to in any advertising/marketing, consent has been granted by that third party and documented and document forwarded to ANMEC for storage in *ANMEC Team\Operational\Marketing*.
- Not applicable
- Permission obtained for testimonial:
Written permission must be obtained from a person or organisation for use in marketing or advertising material which includes a testimonial from that person or organisation. Such marketing or advertising materials must abide by any conditions of that permission (attach copy if required) and said permission is documented and the documents forwarded to ANMEC for storage in

ANMEC Team\Operational\Marketing.

Evidence of permission can include an exchange of emails, a signed release form, a letter giving permission, other relevant evidence such as minutes, video recordings, etc

Final Approval:

Advertising materials approved by:

- ☒ Marketing / relevant HERC staff
- ☒ Director
- ☒ Copy of advertising materials, including checklist, kept in *ANMEC Team\Operational\Marketing*
- ☒ Copy of permissions kept in *ANMEC Team\Operational\Marketing*
- ☒ Marketing recorded in the marketing register

Last amendment:	August 2023	Next Review:	August 2025
Sponsor:	Director		
Contact Officer:	Compliance Manager		

Version	Date Approved	Approved by	Brief description
.1	16/11/2022	Compliance Officer	Draft
.2	16/05/2023	Compliance Manager	Draft
.3	24/05/2023	Compliance Manager	Draft
.4	07/06/2023	Compliance Manager	Draft
.5	19/07/2023	Compliance Manager	Draft
.6	02/08/2023	Compliance Manager	Draft
.6	17/10/2023	OSC	Draft
1.0	16/11/2023	Branch Executive	Final

Appendix 3: Application to withdraw from studies



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

Education Services Officer:

<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:

Appendix

Appendix 4: Credit Transfer Application Form


 Australian Nursing and
Midwifery Education Centre

Learning to care from leaders in health

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			
Applicant Name		Student ID Number	
Email		Phone Number	
Course Name		Course Code	
Previous Qualification Name		Previous Qualification Code	
Previous RTO		Date Issued	

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 https://www.usi.gov.au/ 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			
Applicant Signature		Date	
Course Manager Signature		Date	

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		

Credit Transfer Application Form (CT)

V4 May 2022 SR & HD

Appendix 5. Credit Transfer Application Form (HERC)



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			
Applicant Name		Student ID Number	
Email		Mobile	
Course Name		Course Code	
Previous Qualification Name		Previous Qualification Code	
Previous RTO		Date Issued	

Section 2 – Units of Competency			Office use only
Unit Code	Unit Name	Evidence Supplied	Course Coordinator 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 https://www.usi.gov.au/ 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			
Applicant Signature		Date	
Course Manager Signature		Date	

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		

Credit Transfer Application Form (CT)

V4 May 2022 SR & HD



Appendix 6. 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.

Appendix 8: Action Plan

Student Name..... Group.....

Date:.....

Issue discussed

Options discussed

Plan of action

Student Assistance Program/LSS Information provided to Student Yes/ No

Student signature_____

Declined by Student

Yes/ No

Copy provided to Student

Yes/ No

Educator signature_____

Date_____

Appendix 9: Diploma of Nursing additional progression requirements

1. Diploma of Nursing additional progression requirements

- 1.1. The Diploma of Nursing has three distinct stages that culminate in a capstone placement. Progression into the next stage has additional progression requirements over and above those detailed in section 4.2 of the Course Progress policy.

2. Foundations of Care:

- 2.1. Students who are making satisfactory course progress and are currently working as an Assistant in Nursing (AIN) or Personal Care Worker (PCW) or have obtained a Certificate III in Individual Support in the preceding 12 months, who are unable to attend the scheduled non-acute placement will be permitted to continue into the Person-Centred Practice stage. These students will require a re-scheduled aged care placement prior to undertaking the Acute 1 placement in the Person-Centred Practice stage of the course.
- 2.2. Students who do not have a current role as an AIN or PCW or have not achieved a Certificate III in Individual Support in the preceding 12 months will not be permitted to continue within the Person-Centred Practice stage until they have completed the requirements and attended the aged care placement. This will require the student to defer until they can be included in a subsequent intake.

3. Person-Centred Practice

- 3.1. Students unable to attend the Acute 1 clinical placement due to not making satisfactory course progress or because of exceptional circumstances, will be required to form an action plan under the policy 3.7 Intervention. Students in this situation will be required to agree to a learning plan while the Acute 1 placement is undertaken by other students. After the Acute 1 placement has finished, the student will continue with theoretical teaching and learning. If the student is able to achieve assessment tasks, clinical performance (including medication calculation and administration) and submit correct placement documentation they will be permitted to attend Acute 1 placement instead of the Acute 2 placement. They will need to achieve the additional Acute 2 placement prior to the final consolidation placement.
- 3.2. A student who is unsuccessful in achieving assessment tasks, clinical performance and correct placement documentation by the Acute 2 placement will be required to

defer and a learning plan will be set up prior to the student returning to a subsequent intake.

- 3.3. Students who attend an Acute 1 or Acute 2 placement but have unsatisfactory performance will be required to form an action plan under the policy 3.7 Intervention. Students may be permitted to continue into the theoretical teaching and learning components of either Person-Centred Care or Professional Practice but will be required to complete both placements successfully prior to attending the Consolidated Care Placement

4. Professional Practice

- 4.1. ANMEC and HERC Diploma of Nursing students must have successfully completed 1 acute care placement at the completion of the Person-Centred Practice stage to be eligible for progression into the final consolidated clinical placement. If this is not possible, the student will be counselled to defer, re-joining another course intake when able to complete the acute placements.

5. Re-enrolment after deferral

- 5.1. ANMEC and HERC require students to be re-assessed for the following Clinical Performance Skills prior to a clinical placement if more than 6 months has elapsed since last assessed in these skills:
- Manual handling
 - Medication Calculation
 - Medication Administration
 - Basic Life Support
 - OSSA – provision of comprehensive care -deteriorating client (required for Acute or Consolidated placement)
- 5.2. A student requiring these re-assessments is required to attend sessions as per ANMEC/HERC time availability.
- 5.3. ANMEC and HERC Diploma of Nursing students are required to complete their qualifications within a maximum 36 month period. Students completing the program in a time longer than 18 months may require additional clinical performance skill assessments (in addition to those listed above) prior to placement

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)

Last amendment:	26/05/22	Next Review:	26/05/2024
Sponsor:	Compliance Manager		
Contact Officer:	Director Education		

Version	Date Approved	Approved by	Brief description
1.4	09/03/2022	Admin Coordinator	Minor Amendment
2.0	26/05/2022	Compliance Officer	Major Amendment
2.01	14/10/2022	Compliance Officer	Major Amendment
2.02	22/02/2023	Compliance Manager	Major Amendment
2.03	20/07/2023	Compliance Manager	Minor Amendments
2.04	26/07/2023	Compliance Manager	Minor Amendments
2.05	18/12/2023	Education Services Administrator	Major Amendments
2.06	25/03/2024	Education Services Administrator	Major Amendments