

CENTRE FOR OCCUPATIONAL HEALTH AND SAFETY TRAINING (COHST)
**Recognition of Prior Learning (RPL) &
 Recognition of Current Competencies (RCC)
 Application Form***



Student's Name Student No.

Course: BSB51307 Diploma in Occupational Health & Safety Course
UNIT : BSBOHS604B
Apply ergonomic principles to control OHS risk

Student's Name Student No.

If you can answer yes to all the performance criteria below for this unit then you might be eligible for RPL/RCC.

Note: RPL/RCC can only be granted for whole units (Please note that some assignments have multiple units, so you might have to complete part of an assignment which contains units you have not received RPL for)

Important: As compulsory evidence for this RPL application you must show evidence of the identification and controls of 4 different hazard groups

***Please note that as part of your RPL Application you must show at least 3 examples of your work as evidence**

UNIT : BSBOHS604B Apply ergonomic principles to control OHS risk Nominal hours for this unit

Element 1		Assess the degree of match between people and their activities, equipment, environment and systems	Assessor OFFICE USE ONLY	
	Performance Criteria	List the evidence to support your claim	Sufficient	Further evidence required
1.1	Identify the extent of human variability in the organisation			
1.2	Determine demands placed on people in the organisation by their activities, equipment, environment and systems			
1.3	Determine people's capacity to interact optimally with their activities, equipment, environment and systems			
1.4	Determine the match between people and their activities, equipment, environment and systems			
1.5	Identify specialist advisors and relevant stakeholders for sources of information and data , and consult them during the assessment process			

Element 2		Design ergonomic interventions to enhance the match between people and their activities, equipment, environment and systems	Assessor OFFICE USE ONLY	
	Performance Criteria	List the evidence to support your claim	Sufficient	Further evidence required
2.1	Identify ergonomic interventions in the design process to optimise the match between people and their activities, equipment, environment and systems			
2.2	Design the work environment to optimise the match between people, their activities, equipment, environment and systems			
2.3	Use tools and databases to assess tasks and designs to minimise risk			
2.4	Make recommendations to optimise the integration of controls and display the decision making processes within the work system			

Element 3		Implement ergonomic interventions to enhance the match between people and their activities, equipment, environment and systems	Assessor OFFICE USE ONLY	
	Performance Criteria	List the evidence to support your claim	Sufficient	Further evidence required
3.1	Provide advice on the impact of legislation, codes of practice and standards on the selection and implementation of ergonomic interventions			
3.2	Consult key personnel , stakeholders and users when developing, selecting and implementing ergonomic interventions			
3.3	Make links with other functional areas and management systems			
3.4	Facilitate implementation of the agreed intervention			
3.5	Identify and document training needs			
3.6	Identify and document resources necessary to introduce and maintain the agreed interventions			
3.7	Report the outcomes of ergonomic assessments and interventions to key personnel and stakeholders			

Element 4		Evaluate ergonomic interventions	Assessor OFFICE USE ONLY	
	Performance Criteria	List the evidence to support your claim	Sufficient	Further evidence required
4.1	Evaluate quality and outcomes of ergonomic interventions in consultation with stakeholders and users			
4.2	Facilitate modification of interventions, as required, as a result of the evaluation findings			
4.3	Make recommendations regarding future interventions as a result of the evaluation			

APPLICANTS PLEASE CHECK:

- That you have ticked off each element and performance criterias for this unit
- Written in each element **HOW YOU HAVE GAINED THAT EXPERIENCE**
- Attached evidence summary sheet
- Attached evidence to support your claim for each element (including 3 examples of your work)
- Ensured that any qualification transcripts have been certified
- Evidence of the identification and controls of 4 different hazard groups * (compulsory)**

UNIT: BSBOHS604B Apply ergonomic principles to control OHS risk

Element	Element	√ RPL/RCC CLAIM	√Attach supporting evidence
1	Assess the degree of match between people and their activities, equipment, environment and systems	<input type="checkbox"/>	<input type="checkbox"/>
2	Design ergonomic interventions to enhance the match between people and their activities, equipment, environment and systems	<input type="checkbox"/>	<input type="checkbox"/>
3	Implement ergonomic interventions to enhance the match between people and their activities, equipment, environment and systems	<input type="checkbox"/>	<input type="checkbox"/>
4	Evaluate ergonomic interventions	<input type="checkbox"/>	<input type="checkbox"/>

NEXT

Complete the **RPL Tracking Record Form** and **Assessment Outcome Form** on the following pages –

- 1 Write in your details and contact information
- 2 Sign the **RPL Tracking Record Form** and **Assessment Outcome Form** where indicated on both pages.
- 3 Send this completed application form your evidence summary sheet and **ALL YOUR EVIDENCE (including identification and controls of 4 different hazard groups)**

RPL APPLICATIONS, COHST, Swinburne University, Mail No H71, PO Box 218, Hawthorn, VIC 3122

- Once COHST has received your application for RPL allow up to 5 weeks for RPL to be processed.
- If the COHST assessor is **NOT SATISFIED** with the evidence provided you will be asked, to submit additional information or asked to come in for a **Presentation of Evidence Interview** and be assessed on your claims.
- If COHST finds that your RPL application is correct you will be notified and credited for the unit and will not have to do course work for that unit. Please note that some assignments have multiple units, so you might have to complete part of an assignment which contains units you have not received RPL for.

Student's Name

Student No.

UNIT : BSB0HS604B Apply ergonomic principles to control OHS risk**Assessors Comments (OFFICE USE ONLY)**

Element number where Gap Training/Learning is required	Evidence/Training/Learning still required			
Assessor Comments -				
Final student result for the competency (please circle)			RPLC	RPLN
Name of Assessor:				
Signature of Assessor:		Date		

Assessor please note: Sign where indicated on the Tracking and Assessment Outcome forms on the following pages, they will be the only forms forwarded to Swinburne student Administration.

**SWINBURNE**University of Technology
TAFE Division

Year : 2009

RPL/RCC TRACKING RECORD**STUDENT CONTACT DETAILS**

STUDENT SURNAME		FIRST NAME		STUDENT NO.	
ADDRESS					
HOME PHONE			WORK PHONE		
MOBILE					
EMAIL					
OCCUPATION					
EMPLOYER					
DURATION OF EMPLOYMENT					
COURSE CODE	BSB51307				
COURSE NAME	Diploma in Occupational Health & Safety Course				

SELECTED RPL UNITS

UNIT CODE	UNIT TITLE	EVIDENCE GIVEN
BSBOHS604B	Apply ergonomic principles to control OHS risk	

PLANNING INTERVIEW**Office Use Only**

DATE		
PLACE		
ASSESSOR		
CONTACT NO.	PH:	MOB.
Other teachers or subject matter experts	Name	Contact

SCHEDULED DATES FOR PRESENTATION OF EVIDENCE INTERVIEW**Office Use Only**

SIGNED BY STUDENT**DATE**

SIGNED BY ASSESSOR**DATE**

RPL/RCC Assessment Outcome

INSTRUCTIONS FOR DEPARTMENT

1. The student must be enrolled in the current year in the subjects listed in this application. Please attach an Amendment to Enrolment if the student is not currently enrolled in all subjects.
2. Please forward this form to TAFE Student Administration for processing.

Student Number:

--	--	--	--	--	--	--

 Date of Birth

Student Family Name:

 Student Other Names:

Course Code :	BSB51307
Course Title in which RPL is sought:	Diploma in Occupational Health & Safety Course

ASCOL UNIT CODE	UNIT TITLE	RPL Assessment Granted (RPLC) /Not Granted (RPLN)	TEACHER/ASSESSORS NAME and SIGNATURE
BSBOHS604B	Apply ergonomic principles to control OHS risk		Assessors Name Assessors Signature

Centre Manager's Name	Signature	Date
Student Name Acknowledgement	Signature	Date
Student Administration Entered	Initials	Date

**Please return this completed RPL Application Form with your evidence to:
RPL APPLICATIONS, COHST, Swinburne University, Mail No H71, PO Box 218, Hawthorn, VIC 3122**