## **Section 9: Workplace Supervisor Endorsement**

Please ask your workplace supervisor to read and complete this section. This section is part of the Selection Criteria and must be agreed to and signed.

Some assessments include workplace tasks or documentation. To ensure that you are equipped to successfully complete work-based assessments, we require your supervisor to confirm that your organisation will provide you with the required workplace support.

I (Workplace Supervisor), the undersigned, confirm that I have read the Supervisor's Handbook and agree for the learner to complete work placement with my organisation.
Learner Name:
Learner Role:
I (Workplace Supervisor), the undersigned, agree to (please tick/check each box):
Provide time for the learner to complete assessment related workplace tasks and documentation such as recovery plans and WHS activities within the learner's role and workplace parameters and protocols
Provide opportunities for the learner to access research tools, networks and other resources to assist consumers or carers
Give the learner access to tools and resources including workplace policies, procedures and underpinning legislation, office equipment and communication channels
Support the learner, as their supervisor, to seek guidance and discuss role parameters
Give guidance to the learner to develop, carry out and analyse surveys, audits or other improvement activities
Support the learner with completing any assessment documentation or reports to confirm that the learner has gained the skills and knowledge as required in different areas of their work
Respond to any questions from the learner round different topics and scenarios such as working with First Nations or culturally diverse people in the workplace, alcohol and other drugs, individual's at risk of suicide
Support learner to undertake on the job training consistent with formal training provided under this form
Provide learner with appropriate level of support and supervision
If learner is employed, provide the learner study leave, with pay, for a minimum of 7 hours on the day of training for the purpose of undertaking formal training and assessment
Notify our Student Support Team of any changes in contact details, position, work placement arrangements and attendance, or student progress as soon as possible at training@mhcc.org.au

Position Title

Date (DD/MM/YYYY)

Supervisor's Name

Supervisor Signature