



CHC33021

Certificate III in Individual Support

**Structured Workplace Learning and
Assessment (Disability Stream)**

Logbook 2 of 2

Modules 7 to 14

Structured Workplace Learning and Assessment

Logbook

CHC33021 Certificate III in Individual Support(Disability)

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Logbook

This logbook captures the activities and time spent in the workplace during work placement (Section E) and registers consent for all images and recordings (Section F).

This document is completed by the student and signed off by the Workplace Supervisor and consenting parties as appropriate.

Section A: Student Details

Student Name	
Student Number	
Qualification Name	
Home Telephone	
Mobile	
Email	

Section B: Assessor Details

Name	
Assessor Number/ID	
Telephone	
Email	

Section C: Host Organisation Details

HOST ORGANISATION DETAILS	
Business Name	
Company ABN/ ACN	
Street Address	
Postal Address	

Work Site Address	
Phone Number	
SUPERVISOR DETAILS	
Name	
Position Title	
Phone Number	
Email	

Section D: Units of Competency (UoC)

The Course

The CHC33021 Certificate III in individual support (Disability) as applicable to student enrolment in the course includes the following units of competency.

The Work Placement commitment is a total of 60 hours and is aligned to the following units within the course. Work Placement is split into two (2) groups as follows:

The CHC33021 Certificate III in Individual Support (Disability) – The units covered in this stream are listed below in order

M O D U L E	UNIT CODE	UNIT TITLE	L E A S T		
			R N I N G	S M E N T	T O T A L S W L A H O U R S
BLOCK 1					
0	N/A	Introduction to community services			

1	CHCCOM005	Communicate and work in health or community services	42	18	60
2	CHCLEG001	Work legally and ethically			
3	CHCDIV001	Work with diverse people (NB: no SWLA hours are required)			
4	CHCCCS041	Recognise healthy body system (NB: no SWLA hours are required)			
5	HLTWHS002	Follow safe work practices for direct client care			
	HLTINF006	Comply with infection prevention and control policies and procedures			
6	SWLA Block 1	Submissions			
BLOCK 2					
7	CHCCCS036	Support relationships with carer and family	42	18	60
8	*CHCCCS040	Support independence and well being			
9	CHCCCS031	Provide individualised support			
10	CHCCCS038	Facilitate the empowerment of people receiving support			
11	CHCCCS017	Provide loss and grief support			
12	CHCDIS011	Contribute to ongoing skills development using a strengths-based approach			
13	CHCDIS012	Support community participation and social inclusion			
14	CHCDIS020	Work effectively in disability support			
15	CHCDIV002	Promote Aboriginal and/or Torres Strait Islander cultural safety			
16	SWLA 2	CHCCCS036, CHCCCS040 CHCCCS031, CHCCCS038, CHCCCS017, CHCDIS011 CHCDIS012, CHCDIS020			

***Please be aware that while the CHCSS040- Support Independence and Wellbeing unit (Module 8) is associated with a 120-hour work placement, several performance elements will be addressed during both SWLA Block 1 and Block 2 placements. Some tasks overlap and may already be fulfilled in SWLA1, contributing to the 120 hours dedicated to this unit. However, the unit and course will be considered completed only after satisfactorily fulfilling the requirements for both SWLA1 and SWLA2.

Section E: Work Placement Hours

Students must complete the following Logbook and record all SWLA hours completed.

During these hours students must complete the tasks and activities listed in Section F below.

For Group 2 of SWLA, you must complete a minimum of **60 hours** capturing the minimum required hours as detailed in Section D.

Your Workplace Supervisor must sign off on all hours completed.

You may print off this table and complete it manually or capture electronic signature/dates as appropriate.

Work Placement Hours Record

DATE	PLACEMENT HOURS (excluding breaks)	TALLY OF HOURS	ACTIVITIES COMPLETED DURING WORKPLACE HOURS	WORKPLACE SUPERVISOR SIGNATURE

Student Name: Click or tap here to enter text.

Student Number: Click or tap here to enter text.

<Add more lines to the Work Placement Hours Record as needed>	
Total Placement Hours (excluding breaks)	

Section F: Consent Form

Throughout the portfolio, you may be required to take photographs within the service. Before commencing any recordings or photography in the workplace, you must gain written approval from your Supervisor and anyone included in these images.

You must capture the consent of your Workplace Supervisor, and any other impacted individuals captured in the submitted images in the Consent Form table below.

You may print off this table and complete manually or capture electronic signatures/dates as appropriate.

Consent Form

ACTIVITY				
(Include details of the specific portfolio activity)				
ROLE	NAME	PARTICIPANT SIGNATURE	DATE	
e.g. General images of service as approved by Workplace Supervisor.	<Add Workplace Supervisor name here>			

Add more lines to the Consent Form table as needed.

Logbook

Student name: <<Insert Student name here>>

Student number: <<Insert Student number here>>