DTAS Review

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| **Qual Code & Title** | CHC42021 - Certificate IV in Community Services |
| **DTAS Title as per Teams Notification** | CHC42021 Full Time Standard Semester 1 & 2 2025\_V 3.0 |
| **Delivery Period** | Semester 1 & Semester 2, 2025 |
| **Campus/Delivery site** | TAE Campus |
| **Department** | Community Services |
| **Staff Contact Person** | James Lee |
| **TAS Reviewed by** | Aisha El-Sayed |
| **Review Date** | 2/10/2024 |

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| **Summary of findings Rectification Required:****Section 5: Packaging Rules / Listed Units**All 15 units have been listed as CORE units, whereas only 7 of them are. The remaining 8 units need to be listed as ELECTIVES |
| **Level of refresh required** |
| ☒ **Low** | * **Moderate**
 | * **Significant**
 |

**Specific Feedback**

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| **Training and Assessment Strategy (TAS)** |
| **Front Cover Page** | Correct Course Code / Title Correct Department Correct Delivery Period | ☒Yes ☐No |
|  | **Comments:** |
| **Sections 1** | **Program details*** All sections completed
* Program Details
* Offshore Delivery
 | ☒Yes ☐No |
| **Comments:** |
| **Section 2** | **Version control*** All details correctly provided
* TAS Author
 | ☒Yes ☐No |
| **Comments:**  |
| **Section 3** | **Qualification Overview**Training Package, qualification version and description as per TGA | ☒Yes ☐No |
| **Dual qualification Information**All fields competed correctly | * Yes ☐No

☒N/A |
| **Is this course being offered to International Students?** | * Yes ☒No
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|  | **CRICOS application**If yes, cross check information contained in CRICOS application documents aligns with that contained in the TAS* Have all the correct details been included
 | * Yes ☐No

☒N/A |
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| **Section 4** | **Delivery Information*** All fields completed correctly
 | ☒Yes ☐No |
| **Third Party Arrangements*** All fields completed correctly
 | * Yes ☐No

☒N/A |
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| **Section 5** | **Packaging / Curriculum Rules*** All information reflects exact information as per TGA
 | ☒Yes ☐No |
| **Listed units*** Correct Codes & Titles
* Meets Cores, Electives, and Imported Unit Requirements
* Meets Pre-Co Requisite requirements
* Correct nominal hours
 | * Yes ☒No
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| **Comments on Listed Units Rectification Required:**All 15 units have been listed as CORE units, whereas only 7 of them are. The remaining 8 units need to be listed as ELECTIVES |
| **Section 6** | **Course / Qualification Duration*** Maximum Payable Hrs Range/Nominal Hrs – aligning with Vic Purchasing Guide

**Amount of Training and Volume of learning**Amount of Training:* Is clear and identifies all aspects of delivery and assessment
* Set out in days with a clear explanation of exactly how the course is delivered and the amount of training to be delivered and assessed

Volume of Learning:* Aligns with the AQF Volume of Learning guidelines and includes all teaching, learning and assessment activities

If not, a clear rationale or explanation is provided | ☒Yes ☐No☒Yes ☐No |
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| **Section 7** | **Pathways, Licensing, and Entry Requirements*** Pathways into/from qual are accurate
* Any licensing requirements are clearly identified
 | ☒Yes ☐No |

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|  | Entry Requirements:* ASCF levels are identified – Core Skills Table completed
* Any and all other requirements are listed e.g. Pre- requisites, WWC
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| **Comments:** |
| **Section 8** | **Student / Client / Cohort*** Specific characteristics of the learner cohort are clearly outlined
 | ☒Yes ☐No |
| **Comments:** |
| **Section 9** | **Educational and Other Support Services*** All supports identified – includes any specific to cohort
 | ☒Yes ☐No |
| **Comments:** |
| **Section 10** | **Resources*** All sections completed
* Aligns to Course being Delivered (Facilities/Equipment)
* Clearly identifies what MP provides and what a student must purchase
* Links if applicable
 | ☒Yes ☐No |
| **Comments:** |
| **Section 11** | **Delivery Modes and Assessment Methods*** All units are included with correct code and title as per TGA
* Units are sequenced in the order in which they will be commenced/opened.
* Delivery modes align to those outlined in Sections 4 & 5
* Assessments methods are appropriate for qual & cohort
 | ☒Yes ☐No |
| **Comments:** |
| **Section 12** | **Work Placement – if applicable*** All fields in WP Table completed
 | * Yes ☐No

☒N/A |
| **Section 13** | **Recognition of Prior Learning*** Standard explanation provided informing students option to apply for RPL
 | ☒Yes ☐No |
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| **Section 14** | **Risk Associated with the Delivery if applicable*** Risks identified
* Mitigation of identified risks provided
 | ☒Yes ☐No* N/A
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| **Comments:** |

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| **Section 15** | **Industry Consultation*** Date/Organisation/Contact Person/Contact Details Provided
* Outcomes detailed for each IC listed
 | ☒Yes ☐No |
| **Comments:** |
| **Section 16** | **Trainer and Assessor Matrix*** Have sufficient Trainers/Assessor been allocated
* Are ALL units allocated to Trainers/Assessor
 | ☒Yes ☐No |
| **Comments:** |
| **Section 17** | **Continuous Improvement*** SharePoint links provided for;
	+ Assessment Validation
	+ Industry Consultation
	+ Course Review
* SharePoint File path links provide access to documents that have been completed and evidenced the above Validation, Industry Consultation and Course Review outcomes.
 | ☒Yes ☐No |
| **Comments:** |
| **Section 18** | **Validation Schedule*** SharePoint link provided for Academic Operations Assessment Validation 5-year Plan
 | ☒Yes ☐No |
| **Comments:** |
| **Authorising Signatories Sections** |
|  | REVIEW AND ENDORSEMENT - REGULAR TAS TO BE SIGNED BY DEPARTMENT MANAGER*Does this section include:** *Name: Shirley Hines*
* *Signature: Shines*
* *Date: 2/10/2024*
 | ☒Yes ☐No |
| **Comments:**Elective units CHCCOM001, CHCCDE019, CHCCDE023, CHCGRP002, HLTWHS006,CHCMHS001 have been identified including imported units CHCMHS007, CHCMHS005 |