RECOGNISE PRIOR LEARNING (RPL) KIT

Unit code and name: CHCMHS003 Provide recovery-oriented mental health services

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| RPL Candidate Instructions  |
| This RPL assessment pack is to be used in accordance with the following Training Academy of Excellence (TAE) documents:* Assessment Policy
* Pre-enrolment and Student Support Policy
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| RPL Candidate Evidence Tool Overview |
| Candidate’s name | 1. Khloe Hoang
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| Unit code and name | 1. CHCMHS003 Provide recovery-oriented mental health services
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| Application | 1. I have been working in mental health support for almost four years. I help clients with their recovery plans, connect them to services, and offer day-to-day support. I’d like my experience to be recognised officially through RPL.
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| A Note to Potential RPL Candidates About This Unit |
| 1. This unit requires that you can:
* Work with clients to support their mental health recovery.
* Build trusting relationships to help clients meet their goals.
* Apply trauma-informed and culturally safe practices.
* Use recovery-oriented approaches that focus on strengths and empowerment.
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| Part A: Self-Assessment and Application Documents |
| Candidate Instructions |
| * Complete the Self-Assessment Checklists.
* Summarise the units you want to complete and how you will complete them in the Qualification Summary (provided separately).
* Fill out the RPL Application Form (provided separately).
* Gather Application Evidence to complete your application.
* Return Part A to our office.
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| How to Use the Self-Assessment Checklists |
| * Use to determine whether RPL is a suitable option for you for this unit.
* Go through the checklists, look at the statements and respond to them by ticking what you can and cannot do.
* Give yourself an honest skill rating from 1 (been the lowest) to 4 (been the highest).
* Example checklist provided below.
 |
| I can do the following:  | Yes | No | Skill Rating 1–4 |
| 1. Work with clients to set recovery goals.
 | X |  | 4 |
| Support clients in finding and accessing services. | X |  | 4 |
| Use strengths-based approaches in my work. | X |  | 4 |
| 1. Build trusting, professional relationships.
 | X |  | 4 |
| 1. Respect cultural and individual differences.
 | X |  | 4 |
| 1. Apply trauma-informed practices.
 | X |  | 4 |
| 1. Determine if you can submit the required evidence and demonstrate the skills required by the unit.
 |
| I can provide evidence of my ability to do the following: | Yes | No |
| Develop recovery plans with clients. | X |  |
| Collaborate with services to support client needs. | X |  |
| Use communication skills to support recovery. | X |  |
| Respect and uphold client confidentiality. | X |  |
| * If you answered ‘Yes’ to every item and gave yourself an average skill rating between three and four, it is recommended that you pursue RPL for that unit.
* There is an Evidence Brainstorm area provided so that you can note any ideas you have about your specific evidence and record your thoughts about the possible options for evidence that you may provide. Use these notes when discussing these options with the assessor.
* Fill out the RPL Application Form at the end of this document if you decide to proceed with RPL.
* Submit copies of your Self-Assessment Checklists to our office, along with your CV and certified copies of your qualifications.
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| RPL Self-Assessment Checklists |
| Skill Rating Scale |
| 1. 1 = I always need support with this.
 | 1. 2 = I occasionally need support with this.
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| 1. 3 = I am good at this and rarely need support with it.
 | 1. 4 = I never need support with this and can do it very well.
 |
| I can do the following. [Insert performance criteria from the unit below] | Yes | No | Skill Rating(1, 2, 3, 4) |
| Work with clients to set recovery goals. | X |  | 4 |
| Support clients in finding and accessing services. | X |  | 4 |
| Use strengths-based approaches in my work. | X |  | 4 |
| Build trusting, professional relationships. | X |  | 4 |
| Respect cultural and individual differences. | X |  | 4 |
| Apply trauma-informed practices. | X |  | 4 |
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| 1. **I can answer questions about the following.**
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| Recovery-oriented approaches in mental health. | 1. X
 |  | 1. 4
 |
| Trauma-informed practices and why they’re important. | 1. X
 |  | 1. 4
 |
| How to work respectfully with clients from different backgrounds. | 1. X
 |  | 1. 4
 |
| How to handle ethical dilemmas in mental health support. | 1. X
 |  | 1. 4
 |
| I can provide evidence of my ability to do the following: [Insert performance evidence of unit] | Yes | No |
| Develop recovery plans with clients. | 1. X
 |  |
| Collaborate with services to support client needs. | 1. X
 |  |
| Use communication skills to support recovery. | 1. X
 |  |
| Respect and uphold client confidentiality. | 1. X
 |  |
| Evidence Brainstorm |
| Other Evidence to Gather | (Assessor Use Only) Candidate to Provide?  |
| Recovery plans I’ve created with clients. |  |
| Notes from team meetings or case discussions. |  |
| Feedback from clients or supervisors. |  |
| Examples of referrals or service connections I’ve made. |  |
| Training certificates in trauma-informed care or cultural safety. |  |
| Policies on confidentiality and client rights from my workplace. |  |
| Should I apply for RPL for this unit? |
| 1. Think about your responses above. Based on your self-assessment and your ability to gather the required evidence for this unit, should you apply for RPL?
 |
| [x]  Yes | * No
 | * Unsure (if so, talk to your assessor)
 |
| 1. Candidate’s signature:
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| Part B: Evidence Tasks |
| Candidate Instructions |
| Important! 1. Do not begin these Evidence Tasks until you have met with your assessor and determined whether you can apply for the units included in this kit. Any observation tasks will require your assessor to organise a time with you and your workplace supervisor (where tasks must be completed in your workplace).
 |
| Portfolio of Evidence |
| * Carefully consider the documentation and items of evidence you include.
* Ensure privacy and confidentiality are maintained for individuals and the workplace by removing identifying names or images as required and asking for permission before submitting workplace documents.
* You may include meeting minutes, emails, professional development plans, and attendance certificates for workplace training sessions or workshops.
* Evidence of communication can be broad and may include submission of emails, notes of discussions, meeting agendas, meeting minutes, reports and other relevant forms of communication and documentation.
1. Please note: It is not important if the names of the documents listed do not match those that your organisation uses—the intent and purpose of the documentation are what are important to your RPL application.
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| Verbal Questioning |
| 1. The purpose of the verbal questions is for your assessor to ensure that your knowledge and experience align with the written evidence that you have provided. The questions ensure that you have the required knowledge and skills and the authenticity of your submitted evidence.
* Once we have your documentary evidence, your assessor will ask you some verbal questions.
* Questioning may occur in person, over the phone or in an online meeting.
* Questions may cover the following areas:
* descriptions of past experiences you have had that relate to the unit(s)
* your knowledge of applicable legislation, regulations, codes of practice, standards, licensing and so on
* how you respond to or deal with specific situations
* use of specific industry terminology
* how you apply workplace policies and procedures to your work
* the equipment, tools, machinery, materials, resources and technologies that you use that relate to the unit
* ensure that you are familiar with the relevant topics – refer to the Self-Assessment Checklists for guidance
* items in your Evidence Portfolio.
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| Third-Party Reports |
| * Sometimes, workplace skills and performance confirmation from people you have worked with will be required.
* When required, RPL Third-Party Reports are to be completed by those with whom you have recently worked.
* Third-party representatives should be people who have worked in a supervisory capacity to you and/or at the same level or higher to you.
* Discuss your choice of third-party representatives with your assessor. They can advise if you have chosen the right people.
* Reports will be provided in a separate document.
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| Evidence Tasks for This Unit |
| 1. Gather the following documentation for this unit and provide this evidence to your assessor for review.
2. Tick each item once you have added it to your Evidence Portfolio. Assign each item a reference number and add these to the ‘Evidence Register #’ column.
 |
| Evidence Tasks | Can I Provide This? | Evidence Register # |
| Yes | No |
| Task 1: Portfolio 1. You must submit a portfolio containing the following items
* Client recovery plans
* Referrals and service connection records
* Feedback from clients or supervisors
* Notes from team meetings or case discussions
 | X |  | 001002003004 |
| Task 1: Evidence1. Indicate the evidence that you are submitting for this task (include document names):
* Certificates of training (e.g., trauma-informed care)
* Workplace policies (e.g., confidentiality)
 | X |  | 005006 |
| Task 1: Written Reflection 1. Please write one to two paragraphs explaining your relationship to the evidence you submit for this task. How does the evidence that you are submitting demonstrate competency for the requirements of this task?

*My evidence shows my skills in recovery-oriented mental health support. The recovery plans and referral records demonstrate how I work with clients to meet their goals. Feedback from clients and supervisors highlights my ability to build trusting relationships. My training certificates prove I understand trauma-informed and culturally safe practices.* |  |  |  |
| Third-Party Report1. Submit the completed Third-Party Report checklist for this unit.
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| Evidence Brainstorm Items1. Refer to your Evidence Brainstorm. Gather any additional evidence that your assessor has asked you to collect (i.e., the items with a tick beside them).
 |
| Verbal Questioning1. After you have submitted the above evidence, your assessor will arrange a time to speak with you to ask you some questions in the following areas:
* Recovery-oriented approaches.
* How to create and use recovery plans.
* Trauma-informed practices and why they matter.
* Managing confidentiality and client trust.
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| Part C: Third-Party Report |
| Candidate Instructions |
| * Provide the following section to your third-party person or persons.
* Ensure that they read the instructions and complete the checklist that follows.
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| Part C: Third-Party Report |
| Thank you for agreeing to complete this RPL Third-Party Report, which will contribute to evidence for the Recognition of Prior Learning (RPL) process the candidate is currently undertaking for CHCMHS003 Provide recovery-oriented mental health services. |
| Application of This Unit |
| This unit describes the skills and knowledge required to work with clients in a recovery-oriented way, supporting their mental health and helping them achieve their goals. |
| Who Should Complete This Report? |
| 1. This report should be completed by someone who has worked in a supervisory or peer capacity with the candidate and can confirm their skills and knowledge.
 |
| What Do I Have to Do? |
| 1. This report includes a checklist for the knowledge and skills that must be confirmed for the candidate to gain RPL for this unit of competency. We ask that you answer the questions related to the candidate’s performance by checking either ‘Yes’ or ‘No’ against each question.
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| Please add comments describing how you have observed the candidate demonstrate these skills. |
| 1. You can also record any concerns that you may have about the candidate’s competence.
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| How Will My Comments Be Used in the Assessment Decision? |
| 1. There are no right or wrong answers in this report; your perceptions and opinions are important. You are not providing the assessment decision. However, your comments will assist the assessor in forming their final opinion of the candidate’s competence. The candidate will provide a range of evidence to help the assessor to make the final decision.
 |
| Instructions |
| * Please indicate whether you have observed the candidate performing the tasks/items below by marking the relevant checkbox as ‘Yes’ or ‘No’.
* You should consider whether the candidate can do the tasks/items indicated and whether they can do them consistently and to your workplace’s expectations and standards while following relevant procedures and work processes at all times.
* If you have not seen the candidate perform the tasks/items or do not believe that they can do so, please add comments. Your feedback will assist the assessor in making an assessment decision.
* Add any further comments in the space provided.
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| Third-Party Checklist |
| Candidate name: | 1. Khloe Hoang
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| Can the candidate do the following? | Yes | No |
| Can the candidate support clients in setting recovery goals? | Yes |  |
| Can the candidate create and follow recovery plans? | Yes |  |
| Can the candidate work respectfully with clients from diverse backgrounds? | Yes |  |
| Does the candidate use trauma-informed practices? | Yes |  |
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| 1. **Comments:**
2. Khloe is great at building trust with clients and working with them to meet their recovery goals. She’s consistent, caring, and always ensures her practices are trauma-informed and respectful of each client’s background.
 |
| Third-Party Declaration  |
| [x]  I work/have worked in a supervisory capacity for the candidate.* I work/have worked with the candidate at the same level/as a member of the same team or have worked and interacted with the candidate in activities relevant to this unit of competency.
* I have approved the release of workplace documentation (only tick if you work in a supervisory capacity).
1. [x]  I can confirm that the evidence submitted by the candidate for their RPL application is their own (only tick if you work in a supervisory capacity).
 |
| 1. What is your relationship to the candidate? In what capacity have you worked and interacted with the candidate?

Manager |
| 1. **Name of third party:**
 | 1. Anthea Amherst
 |
| 1. **Signature of third party:**
 | 1. AAmherst
 | 1. **Date:**
 | 1. 23 January 2025
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