|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facilitator name:** | |  | | | | | | |
| **Session title:** | |  | | | | | | |
| **Unit of competency:** | |  | | | | | | |
| **Learning objectives:** | | | | | | | | |
|  | | | | | | | | |
| **Identify how each of the following are used to meet learning objectives:** | | | | | | | | |
| Work practices |  | | | | | | | |
| Work routines |  | | | | | | | |
| Work activities |  | | | | | | | |
| **WHS implications of using work as the basis of learning:** | | | | | | | | |
|  | | | | | | | | |
| **Contractual requirements and responsibilities for learning at work:** | | | | | | | | |
|  | | | | | | | | |
| **WHS responsibilities of the facilitator:** | | | | | | | | |
|  | | | | | | | | |
| **External learning activities that can be integrated:** | | | | | | | | |
|  | | | | | | | | |
| **Learner Declaration:** | | | | | | | | |
| I approve of the learning objectives, scope and structure of this work-based learning pathway. | | | | | | | | |
| Learner name: | | |  | | Date signed: | |  | |
| Learner signature\*: | | |  | | | | | |
| **Workplace Mentor or Facilitator Declaration:** | | | | | | | | |
| I approve of the learning objectives, scope and structure of this work-based learning pathway. | | | | | | | | |
| Workplace mentor/Facilitator name: | | | |  | | Date signed: | |  |
| Workplace mentor/Facilitator signature\*: | | | |  | | | | |

*\*Typed signatures are acceptable for this document*