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| --- | --- |
| **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*