LETTER TO EMPLOYER or WORKPLACE EXPERIENCE SUPERVISOR

Your employee is proposing to undertake a Certificate IV in Dental Assisting course with OTEN, which is the distance education college of Western Sydney Institute, TAFE NSW. They are seeking your assistance.

The applicant will be learning an industry specified set of National Competencies which combined, give the national qualification for a Certificate IV in Dental Assisting. They will be choosing electives in either ‘Oral Health Education’ or ‘Anaesthesia & Sedation.’

OTEN, which is a ‘Registered Training Organisation’ is suitably equipped to train and assess people but is unable to give learners experience in real life situations. Without your help, this applicant cannot enrol with us maybe denying them an opportunity to gain a qualification.

National Competencies have been developed in a way that encourages various forms of assessment. For assessors (teachers), this is known as ‘gathering evidence.’ Some forms of gathering evidence include, tests, practical assessments, recognition of prior learning, third party evidence, portfolio evidence and, specifically for OTEN and the point of this letter, the learner gaining workplace experience.

FOR ORAL HEALTH EDUCATION ELECTIVES

This work experience is compulsory and encompasses among other things, communication skills, infection control, OH&S, brushing techniques, flossing techniques, disclosing plaque and plaque scoring.

Before being deemed proficient in these tasks the learner will receive distance education and be trained & assessed at a preliminary practical block. When this has been achieved we will ask you (by letter) to provide the necessary work experience for your employee.

The work experience will involve oral hygiene instruction on volunteer patients. Appropriate patients might be work colleagues, relatives, friends or if you prefer, a patient of your choosing. Receiving this experience will enable students to combine their new skills in a holistic manner to correspond with the patient’s oral hygiene requirements.

If you are unable to personally supervise your employee, you may nominate a qualified person to supervise on your behalf. Providing a dentist is on site, qualified persons other than a dentist include Certificate IV qualified dental health educators, the dental hygienist and dental therapist. DA qualifications gained more than two years ago need to be sighted to check their Certificate IV status. When the student has completed the work experience they must undergo a holistic clinical assessment at a college practical block before they gain their qualification at the end of the course.
FOR GENERAL ANAESTHESIA AND CONSCIOUS SEDATION ELECTIVES

The compulsory work experience for these electives encompass communication skills, infection control, OH&S, and a compulsory observation component that requires the learner to view either medical or dental procedures carried out on a patient whilst undergoing general anaesthesia and intravenous sedation. It is preferable that the procedure is of a dental nature however this is not essential as the aim of the observation is to allow students to see how the anaesthesia and sedation processes are applied. They will also be required to complete a written report/presentation from their observation, which may mean they will have to take notes during the session.

Once the learner has enrolled and attended the first practical they will receive a workplace form that requires you or the delegate to sign off confirming they have attended the requisite observations.

If you are unable to personally assist your employee/applicant, you may nominate a qualified person to assist the learner on your behalf. Providing a dentist and/or sedationist and/or MO and/or anaesthetist is on site, qualified persons other than a dentist may include a registered nurse or sufficiently experienced theatre assistant who can oversee and direct the learner in the correct protocols for the given situation.

For all Units of Competency in this course, the learner may be required to complete given tasks, fill in logbooks, or perhaps maintain a diary. Your agreement to support them in this would be helpful. If necessary, you can appoint a delegate to do this for you.

If the applicant is your employee and they have been working with you for a number of years and are highly experienced, a supporting letter from you listing the various tasks that they are competent in will help the ‘gathering evidence’ process, thus helping your employee move quickly through the course assessment process. (Letters need only be sent once the applicant is enrolled in subjects and we request them.)

Attached for your information is a copy of the Certificate of Currency for insurance purposes. However, experience gained as part of a student’s paid employment would be covered by workers compensation.

Remember, the applicant will not be accepted into the course unless you pledge your support by signing the ‘Proof of workplace experience’ form.

If you require further information please contact OTEN on 1300 122 205 and ask to speak to a dental teacher, or if you prefer, contact me personally on 02 9715 8334.

Yours sincerely,

Melanie Lowe
Course Manager
Open Training and Education Network
Proof of Workplace Experience form
Course 18281
CERTIFICATE IV IN DENTAL ASSISTING

Applicant’s name___________________

Address______________________________________________________________________
____________________________________________________________________________

Tel Home________________________ Bus____________________________

The following section is to be filled out by your employer/supervisor

Name ___________________________ Ph no________________________

Address______________________________________________________________________
____________________________________________________________________________

Please tick one only and sign the appropriate section:

☐ Oral Health Education Electives
I certify that the above named student will gain approximately 15 hours experience assisting me with patients requiring dental health education. This will be under my supervision and I will undertake to sign off their logbook and educationally support her/him for the duration of her/his course. I have read the attached letters.

☐ Anaesthesia and Sedation Electives
I certify that the above named student will be permitted to observe procedure/s requiring general anaesthesia and conscious sedation occurring within my establishment. Also, during this observation I will allow him/her to take notes as necessary. After this observation, I will undertake to sign a form vouching that these observations have taken place. I have read the attached letters.

Signature __________________________ Qualifications__________________________

Employer; only complete the next section if you want a qualified person under your delegation, to act as supervisor to the student on your behalf.

I have nominated (name) ____________________________ Who holds the qualification of ____________

Completed at________________________________________________________________

Delegate’s signature____________________________ Ph no________________________

Address______________________________________________________________________

Employer/Delegate Privacy Notice: The information you provide about yourself will be used by the dental teachers only to confirm a student’s work placement. It will not be used for any other purpose or in any other manner.

This letter is to show your employer/supervisor if they have concerns about insurance cover during your workplace experience.
To Whom It May Concern,

CERTIFICATE OF CURRENCY

This will confirm that commencing from the inception dates below, until cancelled, TAFE NSW, is a member of the NSW Treasury Managed Fund (TMF), which provides insurable risk protection in accordance with the TMF Contract of Coverage.

TAFE NSW and their employees and volunteers, is fully covered for their legal liability to any third party arising out of their operations, worldwide, as follows:

This includes, but is not limited to:

- Workers Compensation pursuant to the NSW Workers Compensation and Injury Management legislation.
  
  Identifier No. WC000550  Inception Date: 30 June 1989

- Legal liability inclusive of; Public Liability for an amount of $20 Million, Professional Indemnity for an amount of $20 Million, Directors & Officers for an amount of $20 Million and Product Liability for an amount of $20 Million.
  
  Identifier No. MF100481  Inception Date: 30 June 1989

- Comprehensive Motor Vehicle coverage in respect of all vehicles owned or leased by TAFE NSW.
  
  Identifier No. MF100004  Inception Date: 30 June 1992

- Personal Accident coverage for Voluntary Workers whilst actively engaged in voluntary work for TAFE NSW. Also, NSW public school and TAFE students while engaged in educational work experience programs. Coverage is provided in accordance with and equivalent to the benefits payable under Part 3 of the NSW Workers Compensation Act 1987, as amended, provided under TMF Miscellaneous cover.
  
  Identifier No. MF100007  Inception Date: 30 June 1989

- Property coverage (including plate glass) on a full replacement (new for old) basis, including consequential loss, worldwide, for loss and/or damage to all real and personal property either owned by, or the responsibility of TAFE NSW.
  
  Identifier No. MF100006  Inception Date: 30 June 1989

Coverage is provided to the above named entity in respect of their activities associated with this General Certificate.

NOTE: The Treasury Managed Fund hereby agrees that should such coverage be cancelled or withdrawn for any reason, 30 days notice will be provided.

Yours sincerely,

Eddie Dunaj
Client Services Manager
NSW TREASURY MANAGED FUND
Phone No: (02) 8121 367
Email: edunaj@gio.com.au

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