LETTER TO EMPLOYER or WORKPLACE EXPERIENCE SUPERVISOR

Your employee is proposing to undertake a Certificate IV in Dental Assisting (Radiography) 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 (Radiography).

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.

The Certificate IV in Dental Assisting (Radiography) course includes a compulsory workplace component that requires the learner to gain experience in specified radiographic tasks under professional supervision. These tasks are paralleling technique, bisecting the angle technique, bitewing placement and occlusal film techniques. Where possible, experience in extra oral and digital radiography is also expected.

Once enrolled, the learner will receive a workplace logbook. You or your delegate must sign off specific tasks in this logbook as they are completed. Because the student, as a trainee, would not be a licensed radiographer, we would require you as the supervisor to ‘press the button’ to expose the film. 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 you are unable to personally supervise your employee/applicant, you may nominate a qualified person to supervise on your behalf. Providing a dentist is on site, qualified persons other than a dentist include dental therapists and dental assistants. Please note that a dental assistant must hold a Certificate IV in Dental Assisting (Radiography) qualification. Qualifications gained more than three years ago need to be sighted to check their certificate IV status.
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 students paid employment would be covered by workers compensation.

As a workplace supervisor, you are required to pledge your support to the employee/applicant by signing the, ‘Proof of workplace experience’ form.

Your assistance in offering your employee/applicant this support is appreciated.

For further information please contact OTEN on 1300 122 205 and ask to speak to a dental teacher. Or if you prefer, contact me directly on 97158738

Yours sincerely,

Cathy Schafer
Course Manager
Open Training and Education Network
Proof of Workplace Experience form
Course 18282
CERTIFICATE IV IN DENTAL ASSISTING (RADIOGRAPHY)

Applicant’s name_____________________________________________________________
Address____________________________________________________________________
___________________________________________________________________________
Tel Home______________________________Bus__________________________________

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

Name _____________________________________________Ph no____________________
Address____________________________________________________________________

I certify that (name)_____________________________________________________________
will gain approximately 15 hours experience assisting me with patients requiring dental
radiographs. 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.

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 ____________________________________________
(Must at least be Cert IV in Radiography)

Completed at__________________________________________________Year______________
Delegate’s signature___________________________________________________________
Delegate’s name _____________________________________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.

8th May 2001

To Whom It May Concern,

CERTIFICATE OF CURRENCY

This will confirm that commencing 30 June 1989, until cancelled, the NSW Department of Education (incorporating Open Training and Education Network as Insured), as a member of the NSW Treasury Managed Fund, is fully covered for their legal liability to all parties arising out of their operations, worldwide.

This includes, but is not limited to:

• Coverage for all sums which the Department become legally liable to pay including, but not limited to, Public Liability cover for an amount of $10,000,000, and Professional Indemnity cover of $10,000,000 and Marine Liability cover of $10,000,000 in respect of any one occurrence and in the aggregate.

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 Faithfully,

Jonathan Gould
Client Manager
NSW Treasury Managed Fund