

# Supervisor Competency Agreement

## SUBJECT

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Subject Name	<b>Lead Personal Development</b>
Units of competency	BSBWOR404 / BSBPEF402 Develop personal work priorities BSBWRK412 / BSBPEF403 Lead personal development

## INSTRUCTIONS

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Download and print this document:

- Ask your supervisor to complete the checklist, sign it and give it back to you.
- Add your name and details below that.

Once complete, scan or take a photo of the completed form and upload it against the required question in your course subject.

If your employer does not yet agree to your workplace competency, please advise your College Student Adviser that submitting this form will be delayed.

## NOTE TO SUPERVISORS

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Contact the College on 1 300 201 881 if you have any questions about this declaration or wish to discuss some skills gaps that you have identified with your employees work performance related to this subject.

If you are a host employer, please confirm with the Group Training Company that you are authorised to complete the competency agreement for this student.

# SUPERVISOR SKILLS DEVELOPMENT CONFIRMATION

Workplace Supervisor to complete this section.

Please complete the following checklist that reflects the range of skills and knowledge relevant to the units of competency in this subject.

There are 3 options to select:

**YES** – the student has and is using these skills in the workplace

**YES NR** – the student has these skills but is not required to undertake these activities at work

**NO** – the student requires further on-the-job training, which we will arranged.

If the answer is “NO” please comment below on how the workplace will address the gap/s.

The student named has the skills and knowledge to:	YES	YES NR	NO
Schedule and prioritise work objectives and tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review personal work schedule to ensure time is used effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establish personal work goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitor own performance against KPIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify new circumstances that impact the work schedule and adjust strategies accordingly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop strategies to maintain stamina and recover from stressful contact in the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create a personal development plan, including career objectives and an action plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develops and maintains professional competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing learning opportunities to extend own personal work competencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Display interpersonal skills, professional attitudes and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Show self-awareness in interactions with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands the difference between positive and negative behaviour in the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

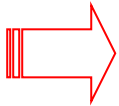
**Note:** supervisors to add their feedback on student/trainee performance into the following space and/or (if required) an action plan to cover the identified gap/s.

**Supervisor Feedback on Performance:**

# EMPLOYER COMPETENCY AGREEMENT

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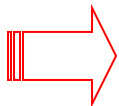
- I am authorised by the employer to complete the competency agreement for this student.
- I verify that the participant has implemented our relevant organisational procedures in the workplace.
- I confirm that the employee has demonstrated competence in the workplace.
- I agree to the completion of this subject.
- I acknowledge the student has completed the activities described in the Training Record Book.
- I have updated the employer copy of the Training Plan to show the unit/s as completed.



<b>X</b>	<b>Supervisor's Signature:</b>	/ /
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## YOUR DETAILS

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<b>Student Name:</b>	
<b>Supervisor Name:</b>	
<b>Employer:</b>	
<b>Group Training Employer (if applicable)</b>	