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TAE40122 Certificate IV in Training and Assessment

TAEDEL412 Facilitate workplace-based learning

and

TAEDEL414 Mentor in the workplace

WORKPLACE LEARNING & MENTORING RECORD BOOK

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# Summary

This Record Book captures how you have met the performance evidence requirements of **TAEDEL412 Facilitate workplace-based learning** and **TAEDEL414 Mentor in the workplace**.

This specifically includes:

* Developing a workplace-based learning plan for at least **three (3) different learners**.
  + Each plan will incorporate activities sequenced to ensure safe and effective learning that leads to the required standard of work performance.
  + Each plan will include at least **three (3) x thirty (30) minute sessions**.
  + Each session will address a **different performance outcome**.
* Negotiating and documenting an agreed **mentoring plan with one (1) mentee** that sets out clear objectives and a timeframe for the mentoring relationship.
* Facilitating the workplace-based learning sessions you have planned, on at least **three (3) different occasions to one (1) of the learners**. This learner will also become your mentee.
* Facilitating at least **three (3) mentoring sessions of at least thirty (30) minutes** each with your mentee.

This Record Book is divided into sections including:

1. Assessment Activity Record
2. Workplace-Based Learning Plans for three (3) learners
3. Work-Based Learning Checklists for three (3) workplace-based learning sessions
4. Mentoring Agreement
5. Mentoring Meeting Checklists

Each section contains clear instructions on the specific tasks as well as templates for you to use. Both sections’ components must be completed before submitting the Record book. This includes providing a link to the three (3) recorded thirty (30) minute workplace-placed learning sessions you have facilitated.

If you require more space to respond, you can add rows to the tables on this editable document.

When you are finished, you will submit this document on aXcelerate with all the text fields completed.

**Ensure you read the instructions** included in the **Overview of the Project** – this provides you with the options for providing the evidence of your workplace training sessions, either:

* recording the sessions for observation by the Blueprint Assessor
  + or
* using a suitably qualified person in your workplace to provide an observation of your delivery.

You are taking on the role of the **Workplace-based learning facilitator** and the **Mentor**.

**Workplace-based learning**, also known as work-based learning or work-integrated learning, refers to educational programs or initiatives in Australia that integrate theoretical classroom learning with practical work experiences in real workplace settings. It is a form of experiential learning that aims to provide students with hands-on opportunities to develop and apply their knowledge, skills, and competencies in authentic work environments.

In Australia, workplace-based learning plays a significant role in vocational education and training (VET) programs including work placements, vocational placement, apprenticeships, and traineeships. These programs help students bridge the gap between academic knowledge and the skills required in the workplace, enhancing their employability, and preparing them for future careers.

Workplace-based learning also includes the “just-in-time” learning that happens within the workplace. This training is focused on the performance outcomes required for the job and may include inductions and safety training, entry-level skills development, upskilling and reskilling and professional development.

Workplace-based learning programs can also incorporate a mentoring component to provide additional guidance and support to the learners.

Whilst workplace-based learning is structured with clear performance outcomes, mentoring provides for ad hoc guidance and support, where the mentor provides advice, shares industry insights, helps the learner understand the practical application, and offers feedback on their work.

The mentor may also facilitate opportunities for the learner to be introduced to different teams, attend meetings, and observe others in the workplace.

The mentor and the learner/mentee will engage in regular reflections and feedback sessions that allow the learner to discuss their experiences, challenges, and learning outcomes. The mentor also provides constructive feedback, highlights areas for improvement and encourages the mentee's professional growth.

Combining workplace-based learning with mentoring enhances the learning experience by providing personalised guidance, industry insights, and professional networking opportunities. The mentor acts as a role model and support to the learner/mentee.

# PART A – Assessment Activity Record

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity | Date | Time | Duration | Comments |
| Complete three (3) Workplace-based learning plans |  |  |  |  |
| Complete one (1) Mentoring agreement/plan |  |  |  |  |
| Deliver 1st Workplace-based learning session |  |  | 30 minutes |  |
| Deliver 1st mentoring session |  |  | 30 minutes |  |
| Deliver 2nd Workplace-based learning session |  |  | 30 minutes |  |
| Deliver 2nd mentoring session |  |  | 30 minutes |  |
| Deliver 3rd Workplace-based learning session |  |  | 30 minutes |  |
| Deliver 3rd mentoring session |  |  | 30 minutes |  |
| Gather feedback from learner – workplace-based learning sessions |  |  |  |  |
| Gather feedback from mentee – mentoring sessions |  |  |  |  |
| Complete feedback form – mentor. |  |  |  |  |

# PART B - Workplace-Based Learning Plans

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Workplace-Based Learning Plan – LEARNER #1 | | | | | | |
|  | **Learner Details** | | | | **Facilitator Details** | |
| **Name** |  | | | |  | |
| **Title/Role and responsibilities as per position description** |  | | | |  | |
| **Department/ Work Team** |  | | | |  | |
| **Phone** |  | | | |  | |
| **Email** |  | | | |  | |
| **Preferred Contact** |  | | | |  | |
| **Preferred Training Day** |  | | **Session Time** | | |  |
| **Scheduled number of training sessions** | *Three (3)* | | **Duration of Sessions** | | | *Thirty (30) minutes* |
| **Notice required for cancellation of sessions** |  | | **Training Location** | | |  |
| **Describe the training location and how/why it is suited to the learning objectives** |  | |  | | |  |
| **Phase of learning** | **Induction**  **Entry level**  **Change** | | **Upskilling**  **P.D.**  **Promotion** | | | **other (please expand)** |
| **List any regulatory requirements relevant to the learning objectives** |  | | | | | |
| **Learning objectives and scope for each training session.**  Enter details of content to be covered in each session. | **Learning Objective** | | | | **Activities to achieve objective** | |
| *1* | | | |  | |
| *2* | | | |  | |
| *3* | | | |  | |
| **How will the workplace-based learning activities be integrated and monitored within routine work activities?** |  | | | | | |
| **Outline supervisory arrangements in place for the duration of the learning program** |  | | | | | |
| **Can this learning be safely conducted? (Refer to position descriptions and work routines)**  **What safety considerations need to be addressed?** | **Yes**  **No** |  | | | | |
| **List the equipment and resources required** |  | | | | | |
| **Are other personnel required to provide support?** | **Yes** (If **Yes**- provide additional details)  **No** | | | | | |
| **List the Training product or framework that these learning objectives align to** | *e.g., Unit of Competency, ACSF, CSFW, ESF, DLSF or National Microcredentials Framework* | | | | | |
| **Learning Plan has been approved and authorised by supervisor, e.g., manager, HR, etc** | | | | | | |
| **Name and title** |  | | | **Contact details** | |  |
| **Signature** |  | | | **Date** | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Workplace-Based Learning Plan – LEARNER #2 | | | | | | |
|  | **Learner Details** | | | | **Facilitator Details** | |
| **Name** |  | | | |  | |
| **Title/Role and responsibilities as per position description** |  | | | |  | |
| **Department/ Work Team** |  | | | |  | |
| **Phone** |  | | | |  | |
| **Email** |  | | | |  | |
| **Preferred Contact** |  | | | |  | |
| **Preferred Training Day** |  | | **Session Time** | | |  |
| **Scheduled number of training sessions** | *Three (3)* | | **Duration of Sessions** | | | *Thirty (30) minutes* |
| **Notice required for cancellation of sessions** |  | | **Training Location** | | |  |
| **Describe the training location and how/why it is suited to the learning objectives** |  | |  | | |  |
| **Phase of learning** | **Induction**  **Entry level**  **Change** | | **Upskilling**  **P.D.**  **Promotion** | | | **other (please expand)** |
| **List any regulatory requirements relevant to the learning objectives** |  | | | | | |
| **Learning objectives and scope for each training session.**  Enter details of content to be covered in each session. | **Learning Objective** | | | | **Activities to achieve objective** | |
| *1* | | | |  | |
| *2* | | | |  | |
| *3* | | | |  | |
| **How will the workplace-based learning activities be integrated and monitored within routine work activities?** |  | | | | | |
| **Outline supervisory arrangements in place for the duration of the learning program** |  | | | | | |
| **Can this learning be safely conducted? (Refer to position descriptions and work routines)**  **What safety considerations need to be addressed?** | **Yes**  **No** |  | | | | |
| **List the equipment and resources required** |  | | | | | |
| **Are other personnel required to provide support?** | **Yes** (If **Yes**- provide additional details)  **No** | | | | | |
| **List the Training product or framework that these learning objectives align to** | *e.g., Unit of Competency, ACSF, CSFW, ESF, DLSF or National Microcredentials Framework* | | | | | |
| **Learning Plan has been approved and authorised by supervisor, e.g., manager, HR, etc** | | | | | | |
| **Name and title** |  | | | **Contact details** | |  |
| **Signature** |  | | | **Date** | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Workplace-Based Learning Plan – LEARNER #3 | | | | | | |
|  | **Learner Details** | | | | **Facilitator Details** | |
| **Name** |  | | | |  | |
| **Title/Role and responsibilities as per position description** |  | | | |  | |
| **Department/ Work Team** |  | | | |  | |
| **Phone** |  | | | |  | |
| **Email** |  | | | |  | |
| **Preferred Contact** |  | | | |  | |
| **Preferred Training Day** |  | | **Session Time** | | |  |
| **Scheduled number of training sessions** | *Three (3)* | | **Duration of Sessions** | | | *Thirty (30) minutes* |
| **Notice required for cancellation of sessions** |  | | **Training Location** | | |  |
| **Describe the training location and how/why it is suited to the learning objectives** |  | |  | | |  |
| **Phase of learning** | **Induction**  **Entry level**  **Change** | | **Upskilling**  **P.D.**  **Promotion** | | | **other (please expand)** |
| **List any regulatory requirements relevant to the learning objectives** |  | | | | | |
| **Learning objectives and scope for each training session.**  Enter details of content to be covered in each session. | **Learning Objective** | | | | **Activities to achieve objective** | |
| *1* | | | |  | |
| *2* | | | |  | |
| *3* | | | |  | |
| **How will the workplace-based learning activities be integrated and monitored within routine work activities?** |  | | | | | |
| **Outline supervisory arrangements in place for the duration of the learning program** |  | | | | | |
| **Can this learning be safely conducted? (Refer to position descriptions and work routines)**  **What safety considerations need to be addressed?** | **Yes**  **No** |  | | | | |
| **List the equipment and resources required** |  | | | | | |
| **Are other personnel required to provide support?** | **Yes** (If **Yes**- provide additional details)  **No** | | | | | |
| **List the Training product or framework that these learning objectives align to** | *e.g., Unit of Competency, ACSF, CSFW, ESF, DLSF or National Microcredentials Framework* | | | | | |
| **Learning Plan has been approved and authorised by supervisor, e.g., manager, HR, etc** | | | | | | |
| **Name and title** |  | | | **Contact details** | |  |
| **Signature** |  | | | **Date** | |  |

# PART C - Workplace-Based Learning Session Checklists

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Workplace-Based Learning Session #1 | | | | | | | |
| **Learner Name** |  | | **Facilitator Name** | | |  | |
| **Date of Meeting** |  | | **Time of Meeting** | | |  | |
| **Learning environment - Equipment and safety checks completed?** | Equipment is in working order  The learning environment complies with safety requirements  Any identified faulty equipment has been tagged, reported, and isolated from the learning environment  The learner has the appropriate PPE for this session  Other (Please provide comments) | | | | | | |
| **Learning objectives and scope for training session.**  Enter details of content to be covered in the session. | **Learning Objective** | | | **Activities to achieve objective** | | | |
|  | | |  | | | |
| **Planned learning opportunities and activities have been discussed and agreed upon?** | | | | | | | YES  NO |
| **Outline any additional learning support required during this session?** |  | | | | | | |
| **The workplace-based learning plan has been followed?**  *Please include comments* | YES  NO |  | | | | | |
| **Based on learner cues – Did you make any changes to your strategies to engage the learner and maintain momentum in the session?**  *Please include comments* | YES  NO |  | | | | | |
| **Supervisory arrangements have been discussed with relevant stakeholder/s?** | YES  NO | Details of matters discussed  Support  Learner safety  Work tasks | | | Other… | | |
| **What workplace tasks & performance outcomes have been achieved?** |  | | | | | | |
| **Date and Time of Next Meeting** |  | | | | | | |
| **Learner’s Signature** |  | | **Facilitator’s Signature** | |  | | |
| **Date** |  | | **Date** | |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Workplace-Based Learning Session #2 | | | | | | | |
| **Learner Name** |  | | **Facilitator Name** | | |  | |
| **Date of Meeting** |  | | **Time of Meeting** | | |  | |
| **Learning environment - Equipment and safety checks completed?** | Equipment is in working order  The learning environment complies with safety requirements  Any identified faulty equipment has been tagged, reported, and isolated from the learning environment  The learner has the appropriate PPE for this session  Other (Please provide comments) | | | | | | |
| **Learning objectives and scope for training session.**  Enter details of content to be covered in the session. | **Learning Objective** | | | **Activities to achieve objective** | | | |
|  | | |  | | | |
| **Planned learning opportunities and activities have been discussed and agreed upon?** | | | | | | | YES  NO |
| **Outline any additional learning support required during this session?** |  | | | | | | |
| **The workplace-based learning plan has been followed?**  *Please include comments* | YES  NO |  | | | | | |
| **Based on learner cues – Did you make any changes to your strategies to engage the learner and maintain momentum in the session?**  *Please include comments* | YES  NO |  | | | | | |
| **Supervisory arrangements have been discussed with relevant stakeholder/s?** | YES  NO | Details of matters discussed  Support  Learner safety  Work tasks | | | Other… | | |
| **What workplace tasks & performance outcomes have been achieved?** |  | | | | | | |
| **Learner feedback on training activities since the last session** |  | | | | | | |
| **Date and Time of Next Meeting** |  | | | | | | |
| **Learner’s Signature** |  | | **Facilitator’s Signature** | |  | | |
| **Date** |  | | **Date** | |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Workplace-Based Learning Session #3 | | | | | | | |
| **Learner Name** |  | | **Facilitator Name** | | |  | |
| **Date of Meeting** |  | | **Time of Meeting** | | |  | |
| **Learning environment - Equipment and safety checks completed?** | Equipment is in working order  The learning environment complies with safety requirements  Any identified faulty equipment has been tagged, reported, and isolated from the learning environment  The learner has the appropriate PPE for this session  Other (Please provide comments) | | | | | | |
| **Learning objectives and scope for training session.**  Enter details of content to be covered in the session. | **Learning Objective** | | | **Activities to achieve objective** | | | |
|  | | |  | | | |
| **Planned learning opportunities and activities have been discussed and agreed upon?** | | | | | | | YES  NO |
| **Outline any additional learning support required during this session?** |  | | | | | | |
| **The workplace-based learning plan has been followed?**  *Please include comments* | YES  NO |  | | | | | |
| **Based on learner cues – Did you make any changes to your strategies to engage the learner and maintain momentum in the session?**  *Please include comments* | YES  NO |  | | | | | |
| **Supervisory arrangements have been discussed with relevant stakeholder/s?** | YES  NO | Details of matters discussed  Support  Learner safety  Work tasks | | | Other… | | |
| **What workplace tasks & performance outcomes have been achieved?** |  | | | | | | |
| **Learner feedback on training activities since the last session** |  | | | | | | |
| **Date and Time of Next Meeting** |  | | | | | | |
| **Learner’s Signature** |  | | **Facilitator’s Signature** | |  | | |
| **Date** |  | | **Date** | |  | | |

***Learner feedback to be completed after the three (3) workplace-based learning sessions have completed.***

# PART D - Mentoring Agreement

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Mentee** | |  | **Name of Mentor** |  | |
| **Preferred Meeting Day** | |  | **Meeting Time** |  | |
| **Frequency of Meetings** | |  | **Duration of Meetings** |  | |
| **Preferred Contact - Mentee** | |  | **Preferred Contact - Mentor** |  | |
| **Commencement Date** | |  | **Closure Date** |  | |
| **Notice required for cancellation of Meeting** | |  | | | |
| **Mentoring Goals and Desired Outcomes** | | 1 | | | |
| 2 | | | |
| 3 | | | |
| **Confidentiality**  During the mentoring arrangement, mentors and mentees will share information about each other. Both parties must be very clear on the limits they want to place on the information shared. Establishing clear boundaries is a big step toward building trust. | | | | | |
| **The mentor and mentee agree to the below.** | | | **Additional Comments** | | |
| * What we discuss will stay between the two of us, unless we give each other permission or ask that the information be shared with others. | | |  | | |
| * Add other additional conditions you both mutually agree to. | | |  | | |
|  | | |  | | |
| **Responsibilities** | | | | | |
| As **mentee**, I am responsible for seeking out opportunities and experiences to enhance my learning, communicating regularly with my mentor, and reviewing my progress regularly. | | | As **mentor**, I agree to provide support and encouragement to my mentee, provide feedback on my mentee’s progress, and meet with them regularly. | | |
| **Mentee’s Signature** |  | | **Mentor’s Signature** | |  |
| **Date** |  | | **Date** | |  |
| **Changes to Mentoring Arrangements reflecting discussions with relevant stakeholders** | | | | | |
|  | | | | | |
|  | | | | | |

# PART E - Mentoring Meeting Checklists

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mentoring Meeting #1 | | | | | | |
| **Date of Meeting** |  | | **Time of Meeting** | |  | |
| **Mentoring Goal**  Use SMART format |  | | | | | |
| **What specific skill do you want to develop?** |  | | | | | |
| **What activities can be taken to develop this skill?** |  | | | | | |
| **Who can assist in developing this skill?**  List network contacts who can support the mentee. |  | | | | | |
| **Other items discussed** |  | | | | | |
| **Agreements Reached** |  | | | | | |
| **Feedback on Progress** |  | | | | | |
| **Start Date** |  | | **Completion Date** | |  | |
| **Action Plan** | | | | | | |
| **Task** | | | **Cost** | **By When?** | | **By Whom?** |
|  | | |  |  | |  |
|  | | |  |  | |  |
|  | | |  |  | |  |
| **Date and Time of Next Meeting** | | |  | | | |
| **Mentee’s Signature** | |  | **Mentor’s Signature** | |  | |
| **Date** | |  | **Date** | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mentoring Meeting #2 | | | | | | |
| **Date of Meeting** |  | | **Time of Meeting** | |  | |
| **Mentoring Goal**  Use SMART format |  | | | | | |
| **What specific skill do you want to develop?** |  | | | | | |
| **What activities can be taken to develop this skill?** |  | | | | | |
| **Who can assist in developing this skill?**  List network contacts who can support the mentee. |  | | | | | |
| **Other items discussed** |  | | | | | |
| **Agreements Reached** |  | | | | | |
| **Feedback on Progress** |  | | | | | |
| **Start Date** |  | | **Completion Date** | |  | |
| **Action Plan** | | | | | | |
| **Task** | | | **Cost** | **By When?** | | **By Whom?** |
|  | | |  |  | |  |
|  | | |  |  | |  |
|  | | |  |  | |  |
| **Date and Time of Next Meeting** | | |  | | | |
| **Mentee’s Signature** | |  | **Mentor’s Signature** | |  | |
| **Date** | |  | **Date** | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mentoring Meeting #3 | | | | | | |
| **Date of Meeting** |  | | **Time of Meeting** | |  | |
| **Mentoring Goal**  Use SMART format |  | | | | | |
| **What further skill/s do you want to develop?** |  | | | | | |
| **What activities can you take to develop these skills?** |  | | | | | |
| **Who can assist in developing these skills?**  List network contacts who can support the mentee. |  | | | | | |
| **Other items discussed** |  | | | | | |
| **Agreements Reached** |  | | | | | |
| **Feedback on Progress** |  | | | | | |
| **Start Date** |  | | **Completion Date** | |  | |
| **Action Plan** | | | | | | |
| **Task** | | | **Cost** | **By When?** | | **By Whom?** |
|  | | |  |  | |  |
|  | | |  |  | |  |
|  | | |  |  | |  |
| **Closure Plan**  *Summary of achievements and future plans* | |  | | | | |
| **Mentee’s Signature** | |  | **Mentor’s Signature** | |  | |
| **Date** | |  | **Date** | |  | |