

# RPL SELF-ASSESSMENT

Candidate name: \_\_\_\_\_



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## Contents

Introduction .....	4
What is RPL? .....	4
About this qualification .....	4
How much does it cost to apply for RPL? .....	4
What do I need to do with this booklet? .....	4
What happens next? .....	4
RPL Self-assessment Checklists .....	5
RPL Application Form .....	8

## Introduction

Use the checklists in this booklet to determine if you are able to apply for RPL for the units in SHB50115 Diploma of Beauty Therapy.

### What is RPL?

Recognition of Prior Learning (RPL) recognises the knowledge and skills you already have. It 'involves assessment of an individuals' relevant prior learning (including formal, informal and non-formal learning) to determine the credit outcomes of an individual application for credit' (*Australian Qualifications Framework Handbook*, 2nd Edition, 2013).

Your RPL application will be based on whether you can show you have the skills and knowledge needed for each unit you would like to apply for, and that you are able to apply them practically.

### About this qualification

This qualification reflects the role of individuals employed as beauty therapists to provide a broad range of beauty therapy treatments and services.

### How much does it cost to apply for RPL?

There is no cost to complete the checklists in this booklet. However, if we decide you are a suitable candidate for RPL, a cost will apply.

\$1500.00

### What do I need to do with this booklet?

Look through each of the self-assessment checklists in this booklet and work out which units best match your skills, knowledge and experience.

In each unit, tick the boxes of the things that you believe you can do.

If you tick all the boxes, this is a unit that you may be able to gain RPL for.

Fill out the 'Evidence brainstorm' section – if you going to proceed with RPL you should think about evidence you can gather to show competence.

Fill out the RPL application form at the end of this booklet if you decide to proceed with RPL.

Submit this booklet with a copy of your CV to your assessor for review.

### What happens next?

We will be in touch to let you know if you are a suitable RPL candidate. From there, the RPL process will commence – this will include sending you a copy of the RPL Evidence Tool and RPL Third Party Kit, having conversations about your work experiences and background, organising workplace observations (where applicable), discussing your evidence brainstorms and so on.

## RPL Self-assessment Checklists

Unit	Can you...
<input type="checkbox"/> Maintain infection control standards	<b>Do these things?</b>
	<input type="checkbox"/> Comply with infection control regulations, guidelines, workplace policies and procedures and legal obligations
	<input type="checkbox"/> Monitor the hygiene of your premises
	<input type="checkbox"/> Maintain infection control for skin penetration treatments
	<input type="checkbox"/> Clean, disinfect and sterilise equipment correctly
	<input type="checkbox"/> Control infection risks
	<b>Answer questions about these topics?</b>
	<input type="checkbox"/> Aetiology of infection
	<input type="checkbox"/> Sources of infection and means of transmission
	<b>Give evidence that you have...</b>
	<input type="checkbox"/> Integrate the maintenance of infection control with skin penetration technical skills
	<input type="checkbox"/> Identified potential cross contamination risks, protecting self and client from infection risks
	<input type="checkbox"/> Used appropriate cleaning, disinfection and sterilising procedures for instruments, equipment and equipment attachments and work surfaces and correct steriliser operation procedures
	<input type="checkbox"/> Provide a written review of workplace compliance with relevant state or territory and local council laws, regulations and requirements relating to beauty treatments and skin penetration, including Australian standards AS/NZS4815 and 4187
	<p>Note: your third party person may be able to fill out the third party report to support the points above</p>
	<b>Evidence Brainstorm</b>
<p>Write down any evidence that may further support your claim for RPL. Your assessor will advise you as to whether you should add any of these items to your Evidence Register.</p>	

Unit	Can you...
<input type="checkbox"/> Design and provide cosmetic tattooing	<b>Do these things?</b>
	<input type="checkbox"/> Establish client requirements and possible contra-indications and medical history
	<input type="checkbox"/> Design and recommend cosmetic tattooing and obtain consent
	<input type="checkbox"/> Set up treatment area and provide safe cosmetic tattooing ensuring comfort and modesty of client
	<input type="checkbox"/> Perform patch tests before treatment
	<input type="checkbox"/> Clean treatment areas and follow all hygiene and safety procedures
	<input type="checkbox"/> Maintain client files and records
	<input type="checkbox"/> Recognise and manage contraindications to tattoo services
	<input type="checkbox"/> Comply with health, hygiene and skin penetration regulations and requirements.
	<b>Answer questions about these topics?</b>
	<input type="checkbox"/> Infectious disease transmission routes and prevention of infection transmission
	<input type="checkbox"/> Immunity and how it is acquired
	<input type="checkbox"/> Definitions and methods of cleaning, disinfection and sterilisation
	<input type="checkbox"/> Your scope of practice
	<input type="checkbox"/> Effects and benefits of cosmetic tattooing treatments
	<input type="checkbox"/> Effects of cosmetic tattooing treatments on the physical structure of the skin
	<input type="checkbox"/> Skin anatomy
	<input type="checkbox"/> Function and role of skin
	<input type="checkbox"/> Structure, function, and distribution of skin glands
	<input type="checkbox"/> Production, composition, functions and control of skin gland secretions
	<input type="checkbox"/> Appearance and characteristics of skin types
	<input type="checkbox"/> Phases of growth, cell renewal, healing of skin and factors affecting epidermal mitosis
	<input type="checkbox"/> Normal process of skin ageing and structural change
	<input type="checkbox"/> Origin and evolution of hypertrophic, keloid and abnormal scar tissue
	<input type="checkbox"/> Skin response to irritation and trauma
	<input type="checkbox"/> Wound healing
	<input type="checkbox"/> Nervous system and its relationship to skin
	<input type="checkbox"/> Sensations and their relationship to cosmetic tattooing
	<input type="checkbox"/> Factors likely to affect the suitability of treatment

	<input type="checkbox"/> Contraindications that prevent or restrict treatment or require clearance from a medical practitioner to proceed and their relationship to cosmetic tattooing
	<input type="checkbox"/> Appearance, genetic factors, possible medical treatments and limitations of cosmetic tattooing treatments on skin conditions, diseases and disorders
	<b>Give evidence that you have...</b>
	<input type="checkbox"/> Performed patch tests on three different tattooing sites which must include three from the following list: breast areola, eyelids, eyebrow and lips
	<input type="checkbox"/> Performed three cosmetic tattooing treatments on three different tattooing sites which must include three from the following list: breast areola, eyelids, eyebrow and lips
	<input type="checkbox"/> Gathered a portfolio of evidence of client treatment files, state/territory health and hygiene regulations and requirements relevant to cosmetic tattooing, insurance and legal liabilities, information on colour pigments, ingredients, medical treatment information, post treatment care, sustainable operating procedures and consultation with referral services
	<p>Note: your third party person may be able to fill out the third party report to support the points above</p>
	<b>Evidence Brainstorm</b>
	<p>Write down any evidence that may further support your claim for RPL. Your assessor will advise you as to whether you should add any of these items to your Evidence Register.</p>

# RPL Application Form

## 1 Enrolment Details

Are you enrolling in a full qualification or part qualification (i.e. individual units)?  Full qualification  Individual units

Which qualification/units do you wish to enrol in? SHB50115 Diploma of Beauty Therapy

## 2 Personal Details

Surname: Title: Mr/Mrs/Miss/Ms/Dr

First Name: Middle Name/s:

Gender:  Male  Female Date of Birth: / /

Home Address:

Post Code:

Postal Address:  
(if different from above)

Post Code:

Home Phone: ( ) Work: ( )

Mobile: Email:

## 3 Current Employment

Are you currently employed?  Yes  No

If Yes, is your occupation related to the qualification in which you are seeking RPL for?  Yes  No

What is the name of your employer?

Do you have a workplace where you are able to be assessed on-the-job for the qualification you are seeking RPL for?  Yes  No

Please provide details of the workplace:  
Name:

Address:

Type of workplace (profession):



## 5 Further training

Have you completed any nationally recognised training related to the industry you are seeking RPL for?  Yes  No

Completion date (month, year):

Country:

Name of course and institution (if applicable):

## 6 Professional referees – provide at least 2 (who have acted in senior capacity to you and can verify your skills)

Person 1

Name:

Position:

Organisation:

Relationship to you:

Phone Number:

Mobile Number:

Email Address:

Person 2

Name:

Position:

Organisation:

Relationship to you:

Phone Number:

Mobile Number:

Email Address:

Person 3

Name:

Position:

Organisation:

Relationship to you:

Phone Number:

Mobile Number:

Email Address:

**Return this booklet to us with a copy of your CV and certified copies of any qualifications you have completed.**

**RTO Melbourne Pty Ltd**