**Request Form for Mandatory Training Resource Equivalency**

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| --- | --- |
| **Organisation** |  |
| **Contact Name** |  |
| **Email** |  |
| **Telephone Contact** |  |
| **Local training resource** | Code: | Duration: | Frequency: |
| Course Name: |
| **Equivalency Request matched to**(Name of State endorsed Mandatory Training Resource) | Code: | Duration: | Frequency: |
| Course Name: |

**Document Check List**

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| **Have you included the *Statement of Learning Objectives/Outcomes*?** | [ ]  **Yes** [ ]  **No** |
| **Have you reviewed and mapped the Equivalent Training Resources learning Objectives/Outcomes against the State Endorsed Mandatory Training Course Objectives/Outcomes?** |  **☐ Yes ☐ No** |
| **Have you included the *Lesson Plan/Instructor’s Guide* for face-to-face sessions?** | [ ]  **Yes** [ ]  **No** |
| **Have you included a copy of the *Local Training Resources including presentation and handouts*?** | [ ]  **Yes** [ ]  **No** |

**Authorisation to submit for Equivalency Matching**

|  |
| --- |
| **Chief Executive (or delegate) Authorisation** **Name:****Signature: Date:** |

Return completed Cover Sheet with supporting evidence **via email** to:

Adele.Zaylaa@health.nsw.gov.au | Program Officer | Professional Practice and Interprofessional Collaboration Directorate | HETI

**Equivalency Mapping Form**

**LHD/SHN/Other Health Agency name:**

**Evidence Submitted:**

**Date:**

| Equivalent Training Resources for Matching | State Endorsed Mandatory Training Course | Equivalency Matched (Yes/No) – Comments (To be completed by panel) |
| --- | --- | --- |
| Title Duration: Frequency: Key Objectives:Learning Outcomes:At the end of the module, the learner should be able to: | **Title** **Duration:** **Frequency:** **Key Objectives:****Learning Outcomes:**At the end of the module, the learner should be able to:  | Comments: *
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