



Australian Government

**Workforce  
Australia**

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# Quality Assurance Framework

## Guidance for Conformity Assessment Bodies

### Disclaimer

This process document is not a stand-alone document and does not contain the entirety of Conformity Assessment Body's (CAB) obligations in relation to undertaking Quality Principles Audits for the Quality Assurance Framework. It must be read in conjunction with the Quality Principles Quality Auditor Deed (the Quality Auditor Deed) including any reference material issued by the Department of Employment and Workplace Relations (the Department) under or in connection with the Quality Auditor Deed.

This process document is not legal advice, and the Commonwealth accepts no liability for any action purportedly taken in reliance upon it and assumes no responsibility for the delivery of the Quality Principles Audits. This process document does not reduce the obligation of CABs to comply with their relevant legal obligations and, to the extent that this process document is inconsistent with obligations under the Privacy Act, Social Security Law, the Work Health and Safety Laws or any other legislation or laws relevant to the respective jurisdictions in which CABs operate, the relevant legislation or laws will prevail.

## Version History

A full version history of this process document can be found below.

| Version | Date              | Summary of changes   |
|---------|-------------------|--|
| 0.1     | 14 June 2022      | Initial document.  |
| 0.2     | 1 July 2022       | Update to reflect new Department name and amendments to name of Department contact for Providers.  |
| 0.3     | 12 September 2022 | Update to remove reference to the Youth Jobs PaTH (PaTH) Internships program and the National Work Experience Program (NWEPP) which ceased on 9 September 2022.  |
| 0.4     | 14 September 2022 | Update to correct Figure 3.  |
| 0.5     | 26 September 2022 | Update to correct note regarding the submission of the completed self-assessment tool (page 17).<br><br>Added a note clarifying what an 'active caseload' is for the purposes of sampling for Quality Principles Audits (page 21).<br><br>Updates to the Notifiable Data Breaches Scheme section to provide further clarify (pages 53-54). |
| 0.6     | 1 December 2022   | Updated Department email address.<br><br>Made changes to reflect change from 'weeks' to 'business days'.<br><br>Minor edits to site sampling (page 19).  |
| 0.7     | 1 July 2024       | Review of wording for better understanding.<br><br>Review of timeframes.<br><br>Removal of reference to Quality Principles Surveillance Audits.  |

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## Accessing Quality Assurance Framework (QAF) documents

A GovTEAMS site has been established to enable the Department to provide Quality Auditors and CABs with access to documents and links relevant to the QAF and Quality Principles Audits.

Once approved for inclusion on the Department approved Quality Auditor List, CABs, and their identified Quality Auditors, will receive a GovTEAMS invitation with information about how to register and access the GovTEAMS QAF Quality Auditor community.

The GovTEAMS site will include access to:

- this process document
- links to the required [eLearning training for Quality Auditors](#)
- links to the template Workforce Australia Services Deed of Standing Offer 2022 – 2028 (Workforce Australia Services Deed) and associated Guidelines
- Quality Principles Audits templates.

CABs and Quality Auditors need to access the GovTEAMS QAF Quality Auditor community to ensure they have the most up to date access of the relevant documents.

### Note

- Where a CAB would like to add new Quality Auditors, the CAB contact must contact the Department via [ESQAF@dewr.gov.au](mailto:ESQAF@dewr.gov.au) to arrange this.
- The CAB contact must also advise the Department via [ESQAF@dewr.gov.au](mailto:ESQAF@dewr.gov.au) as soon as practical when a Quality Auditor will no longer be undertaking Quality Principles Audits and/or has left the organisation.

## Quality Auditor Training Requirements

As outlined in the Quality Auditor Deed, the CAB must ensure that its relevant Personnel and Subcontractors attend and/or undertake any training and information sessions as specified in this Guidance or as otherwise Notified by the Department, **prior** to conducting any Quality Principles Audits.

### Required training

The Department requires that all Quality Auditors complete the following eLearning modules **and** the associated assessments:

1. QAF Quality Principles Audits
2. QAF Quality Principles

The modules can be undertaken in any order, however both modules must be completed by the Quality Auditor. After completion of each module, the Quality Auditor must complete the associated assessment and submit it to the Department.

The eLearning modules are available on the GovTEAMS QAF Quality Auditor community.

### Requirement to pass the training

The assessments associated with the eLearning modules, available on the GovTEAMS QAF Quality Auditor community, ask a set of questions to test the Quality Auditor's understanding of the Quality Principles Audits and the Quality Principles.

Quality Auditors **must achieve 100 per cent accuracy** (the required pass mark) on each of the questionnaires before undertaking a Quality Principles Audit. Review of the assessments for each of the eLearning modules will be undertaken by the Department once it is in receipt of **both** the completed assessments from an individual Quality Auditor.

Following the review, the Department will advise the Quality Auditor and the CAB contact of the outcome.

## Note

- Where the Department determines a Quality Auditor that has not achieved the required pass mark and is listed in an Audit Plan as scheduled to undertake a Quality Principles Audit, the Department will contact the CAB contact to ensure the training is undertaken and passed as required prior to the commencement of the Audit, or request that another Quality Auditor who has passed the training undertakes the Audit.
- Where the Department determines that a Quality Auditor that has not achieved the required pass mark and has undertaken a Quality Principles Audit, the Department:
  - will contact the CAB contact to clarify why this occurred
  - may require the Workforce Australia Employment Services Providers (Providers) to have a new Audit undertaken with an appropriately trained Quality Auditor.

**Table 1: Advice provided by the Department on training outcomes**

| <b>Outcome</b>   | <b>Advice provided by the Department</b>  |
|--|---|
| <b>Quality Auditor has achieved the required pass mark</b>     | The Quality Auditor can undertake Quality Principles Audits.  |
| <b>Quality Auditor has not achieved the required pass mark</b> | The Quality Auditor will be advised: <ul style="list-style-type: none"><li>• which question(s) on the respective assessment were answered incorrectly</li><li>• to undertake the assessment(s) again</li><li>• they cannot undertake Quality Principles Audits until they achieve the required pass mark.</li></ul> |

## About the QAF

The QAF sets out the minimum standards of quality for Providers, ensuring their policies and processes support continuous improvement and quality service delivery.

### QAF Certification

To obtain QAF Certification, Providers must:

- achieve certification against one of the 2 approved Quality Standards, and
- demonstrate adherence to the Department's 7 Quality Principles.

Providers must obtain a QAF Certificate no later than 9 months after any Head Licence Start Date, unless otherwise Notified by the Department and maintain the currency of the Certificate for the duration of the Head Licence Term.

QAF Certification is valid for 3 years, subject to a Provider maintaining Certification against both the Quality Standards and the Quality Principles.

QAF Certification will only be granted where the Provider has:

- provided the Department with evidence of Quality Standards Certification
- achieved certification against the Quality Principles.

Further information about the [QAF Certification Process](#) is outlined below.

### Quality Standards

The Quality Standards approved by the Department under the QAF are:

- ISO 9001:2015 – an internationally recognised standard that promotes a quality management system as an integral part of an organisation's operations
- the National Standards for Disability Services (NSDS) - the disability employment standards which underpin the Quality Strategy for Disability Employment.

For QAF purposes, the scope of the Quality Standards Audits **must** include a Provider's Enhanced Services business.

### Quality Standards Audits

A Provider must engage a Quality Auditor from a Conformity Assessment Body (CAB) that has been accredited by the [Joint Accreditation Scheme of Australia and New Zealand](#) (JAS-ANZ) to undertake an ISO 9001 or NSDS Audit.

#### Note

A Provider may use a different CAB for its Quality Standards Audit to the CAB that is used for its Quality Principles Audit.

The Provider is required to submit the Quality Standards Audit Declaration **40 business days** prior to proposed commencement of the Audit for approval. After the Audit, the Audit Report and evidence of Certification must be submitted to the Department within **30 business days** of the closing meeting for approval and noting.

Further information on the Quality Standards Audit requirements for Providers can be found in the Quality Assurance Framework Audit Process document for Providers.



## Quality Principles

There are 7 Quality Principles:

1. Governance
2. Leadership
3. Personnel
4. Participants
5. Labour market, Employers, and Community
6. Operational effectiveness
7. Continual improvement.

Each of the Quality Principles is underpinned by Practice Requirements (PRs) that a Provider must meet to demonstrate conformance. The PRs are at [Attachment A](#).

Further information about [Quality Principles Audits](#) is below.

## Interaction between the QAF and Right Fit for Risk (RFFR)

The Department uses the External Systems Assurance Framework (ESAF) to determine that Providers and their External IT Systems appropriately manage the level of risk to the security of information they hold. As part of the ESAF, RFFR provides a tailored assurance approach to inform the Department's accreditation decision. The RFFR approach closely follows the ISO 27001 international standard that sets out the requirements for an Information Security Management System (ISMS).

Providers and any Subcontractors are required to undertake the accreditation process and be accredited to demonstrate their ability to meet the Department's requirements for Provider information security in the manner and within the timeframes specified in the Guideline. Providers accredited under the ESAF must maintain their accreditation for the duration of the Workforce Australia Services Deed with the Department, or the period they retain access to personal information collected during delivery of employment services (whichever is later).

RFFR requirements are encompassed within the Quality Principles ([Attachment A](#)):

- PR 1.1.3 requires the Provider to have corporate governance arrangements in place, for the delivery of Services, that manage IT systems. This includes policies and processes for ongoing compliance with the Deed in relation to access and information security, including RFFR
- PR 6.1.1 requires the Provider's policies and processes promptly and accurately to reflect any changes in the Deed and Guideline
- PR 6.2.1 requires a Provider to have arrangements in place to advise Participants, Host Organisations and Employers of its privacy and confidentiality policies
- PR 6.2.2 comply with the *Privacy Act 1988*, the applicable Work Health and Safety Act(s), and other relevant legislation.

## Quality Principles Audits

All Quality Principles Audits involve the:

- Provider submitting to the Department a Quality Principles Audit Plan, in word format not PDF, (which has been completed in consultation with the Quality Auditor)
- Provider completing a self-assessment report (including the provision of specified supporting documentation) and submitting this to the Quality Auditor.
- Quality Auditor reviewing the completed self-assessment report and supporting documents.
- Quality Auditor conducting the Audit.
- Where a Corrective Action Plan is required, it must be completed in conjunction with the Quality Auditor.
- Provider submitting the Quality Principles Audit Report and Corrective Action Plan, if required, in word format not PDF.
- Quality Auditor sending the completed self-assessment report to the Department in word format not PDF.
- Department providing Quality Principles Certification upon reviewing and approving the Audit Report, and Corrective Action Plan, if relevant.

## Types of Quality Principles Audits

**Table 2: Description of the types of Quality Principles Audits**

| Audit Type                   | Description  |
|------------------------------|--|
| <b>Certification Audit</b>   | <ul style="list-style-type: none"> <li>• Initial Audit</li> <li>• All Practice Requirements must be Audited.</li> </ul>  |
| <b>Recertification Audit</b> | <ul style="list-style-type: none"> <li>• Conducted every 3 years</li> <li>• All Practice Requirements must be Audited.</li> </ul>  |
| <b>Extraordinary Audit</b>   | <ul style="list-style-type: none"> <li>• Conducted where requested by the Department.</li> <li>• The scope of an Extraordinary Audit will be determined by the Department on a case-by-case basis and will be targeted to a specific aspect, or aspects, of the Quality Principles.</li> </ul> |

### Note

- An Extraordinary Audit may be conducted by a Departmental Audit Officer, or the Department may request a Quality Auditor to conduct the Extraordinary Audit.
- Where it is determined that a Provider is required to undergo an Extraordinary Audit undertaken by a Quality Auditor, the Department will advise the Provider and the CAB, in writing, of the timeframe in which the Extraordinary Audit must be conducted in and the scope of the Extraordinary Audit.

## Timing of Quality Principles Audits

**Table 3: Description of the timing of Quality Principles Audits**

| Timing   | Action   |
|--|--|
| Within 9 months of the start date of the Head Licence.   | A Certification Audit must be conducted  |
| No more than 36 months from the closing meeting date of the last Certification or Recertification Audit. | A Recertification Audit must be conducted and accepted prior to the Department advised Quality Principles Certification expiry date. |

## Quality Principles Auditors

### **Audits conducted by a Departmental Audit Officer**

Suitably trained Departmental Audit Officers may conduct Quality Principles Certification, Recertification and/or Extraordinary Audits at the Department's discretion.

### **Audits conducted by a Quality Auditor**

Providers that are not Audited by the Department must engage a Department approved Quality Auditor to undertake Quality Principles Certification, Recertification and/or Extraordinary Audits.

In accordance with the Quality Principles Quality Auditor Deed, the Quality Auditors of a Department approved CAB must participate in and pass all the Department's required training prior to conducting a Quality Principles Audit.

#### Note

The Provider is responsible for its Audit costs, including the closing of non-conformances.

# Quality Principles Audits undertaken by a Quality Auditor

## Quality Principles Audit Plan

The Quality Principles Audit Plan provides the basis on which a Quality Principles Audit will be conducted.

The Audit Plan must be approved by the Department for Quality Principles Audits.

**Table 4: Audit Plan Timeframes for Quality Principles Audits**

| Timeframes prior to proposed start date of Quality Principles Audit | Requirement   |
|---|---|
| Prior to the Quality Principles Audit start date                    | <ul style="list-style-type: none"> <li>The Provider must download the following templates from the <a href="#">Provider Portal</a>:               <ul style="list-style-type: none"> <li>Quality Principles Audit Plan</li> <li>self-assessment report</li> <li>Quality Principles Audit Report</li> <li>CAP.</li> </ul> </li> <li>The Provider must complete the Audit Plan with the Quality Auditor.<br/>The Audit Plan must include the Provider's Workforce Australia Services business.</li> </ul>     |
| At least 30 business days   | The Provider must send the completed (and signed) Audit Plan, in word format not PDF, to the Department (via <a href="mailto:ESQAF@dewr.gov.au">ESQAF@dewr.gov.au</a> and copy in their Department Provider Lead) for approval.   |
| At least 25 business days   | <ul style="list-style-type: none"> <li>The Department will send an email (copying in the CAB identified in the Audit Plan and the Provider's Department Provider Lead):               <ul style="list-style-type: none"> <li>notifying Audit Plan <b>approval</b> and a copy of the approved Audit Plan</li> </ul> </li> <li>or               <ul style="list-style-type: none"> <li>requesting changes to the Audit Plan.</li> </ul> </li> </ul>   |
| At least 20 business days   | <ul style="list-style-type: none"> <li>Where the Department requests changes to the Audit Plan:               <ul style="list-style-type: none"> <li>the Provider must send an updated Audit Plan to the Department (via <a href="mailto:ESQAF@dewr.gov.au">ESQAF@dewr.gov.au</a> and copy in their Department Provider Lead) for approval</li> </ul> </li> <li>The Department will respond to the updated Audit Plan as <b>soon as possible after</b> the revised Audit Plan has been received.</li> </ul> |

### Note

- Where an approved Quality Principles Audit Plan needs to be changed (eg a change to the Sites being Audited), the Provider **must send** the revised Audit Plan to the Department (via [ESQAF@dewr.gov.au](mailto:ESQAF@dewr.gov.au) and copy in their Department Provider Lead) for reapproval as soon as possible, **but prior** to the commencement of the Quality Principles Audit.
- The Department will respond to the revised Audit Plan as soon as possible after the Audit Plan is received.

### Audit Plan for Extraordinary Audits

An Audit Plan must be completed for the Extraordinary Audit. Where the Extraordinary Audit is being conducted by a Quality Auditor, the Quality Auditor must work with the Provider to develop the Audit Plan. The Provider will be required to submit the Audit Plan to the Department the timeframe specified.

## Self-Assessment Report

The self-assessment report is a MS Word document that outlines the Quality Principles PRs. It is an opportunity for the Provider to demonstrate how the seven (7) Quality Principles are addressed for each PR.

The self-assessment report assists Providers to undertake an initial review of the policies and procedures they have in place to support continuous improvement and quality service delivery. It also supports Audit preparation for those conducting the Audit, giving a more focused and targeted Audit.

Providers are required to list in the self-assessment report the existing policy and procedure documents that are in place in line with the QAF evidence requirements outlined in the Guideline.

**Table 5: Self-Assessment report completion requirements by Audit type**

| Audit Type                   | Description  |
|------------------------------|--|
| <b>Certification Audit</b>   | <ul style="list-style-type: none"><li>All PR sections of the self-assessment report need to be completed.</li></ul>                              |
| <b>Recertification Audit</b> | <ul style="list-style-type: none"><li>All PR section of the self-assessment report need to be completed.</li></ul>                               |
| <b>Extraordinary Audit</b>   | <ul style="list-style-type: none"><li>The Department will advise which PR sections of the self-assessment report need to be completed.</li></ul> |

### Note

The PRs in scope for each type of Audit is noted in [Attachment A](#).

### Required supporting documentation

The self-assessment report includes a supporting documentation section which Providers **must** document and submit relevant documents with the self-assessment report. These are key documents that support the evidence requirements outlined in the Guideline. A pre-Audit review of supporting documents assists the Auditor's understanding of Provider operations and will result in targeted areas of focus.

The documents required to be provided are the minimal expected existing documents that a Provider will have to demonstrate conformance with the Quality Principles. It is noted that the Provider may have additional documents that assist them to meet the PRs.

### Self-Assessment Report for Extraordinary Audits

The Provider will be required to complete and submit the self-assessment report as per the requirements of Certification and Recertification Audits.

### Note

An Extraordinary Audit can be conducted at any time and will not alter the [timings](#) required for Certification or Recertification Audits.

### Review of the completed Self-Assessment Report and required supporting documentation

Once the self-assessment report has been completed by the Provider it must be submitted via email (or other format pending advice from the Auditor) to the Quality Auditor that is undertaking the Audit. The required documents outlined in the self-assessment report **must** also be submitted at this time.

The self-assessment report **must** be submitted to the Quality Auditor that is undertaking the Audit **no later than 20 business days prior to the Audit start date**.

### Note

The Quality Auditor may request additional information or documentation where clarification or further information is required prior to an Audit being undertaken.

## Undertaking the Audit

Following the review of the completed self-assessment report and supporting documentation an Audit will be conducted by the Quality Auditor as indicated on the Audit Plan.

The Audit, where possible, will be undertaken on Site. Where it is not possible or practical to physically attend a Site or Sites, the Audit may be conducted remotely. A business case for a fully virtual Audit must be submitted to the Department for consideration. **Approval must be sought before undertaking the Audit.** The Department will not undertake any retrospective approvals on virtual Audits.

Audits must include:

- interviews with key organisational members (e.g., Chief Executive Officers, Chief Operation Officers)
- interviews with Site Personnel
- interviews with Participants
- interviews with Employers.

Audits may include:

- interviews with Host Organisations
- viewing additional documentation.

## Audit sampling

The sampling methodology outlined in this document applies to all Quality Principles Audits.

The sampling falls into the following four categories:

- Site sampling
- Claims sampling
- Participant sampling
- Employer sampling.

The sampling numbers provided below are the minimum numbers required. If the Quality Auditor considers that additional sampling is required to determine conformance with the Audit criteria, they may increase the sampling numbers.

### Note

The selection and review of site, claim and participant samples is the responsibility of the Quality Auditor conducting the Audit.

## Site sampling

The Site sample must be representative of the Provider's business. Where a Provider operates more than one Site, multiple Sites must be Audited to ensure the adequate representation of its business.

**Table 6: Calculating Site Sample Sizes**

| Audit Type                                      | Number of sites   |
|---|---|
| <b>Certification and recertification Audits</b> | The square root of Site Count rounded to the nearest whole number <b>and</b> the Provider's head office |
| <b>Extraordinary Audit</b>                      | The Department will determine the number of Sites in an Extraordinary Audit on a case-by-case basis     |

### Note

- The Site Count is equal to the sum of the full time, part time and outreach sites listed in the Provider's Workforce Australia Services Deed schedule. Where Generalist and Specialist services are delivered from the same physical Site, this is counted as 1 Site.
- Where the square root of the Site Count or 60 per cent of the square root of the Site count is:
  - followed by a 1,2,3 or 4 the number is rounded down to the nearest whole number (eg: 6.12 becomes 6)
  - followed by a 5,6,7,8 or 9 the number is rounded up to the nearest whole number (eg: 6.53 becomes 7).

### Selecting the Site sample

When determining the Site sample, consideration should be given to the following to assist in ensuring the Site sample is reflective of the Provider's business.

**Table 7: Matters for consideration when determining the Site sample**

| Item                                     | Consideration to be given   |
|--|---|
| <b>No repetition</b>                     | <ul style="list-style-type: none"> <li>• Over the duration of the Head Licence, Quality Principles Audits should sample as many sites as possible.</li> <li>• Sites that have been included in a Quality Principles Audit previously should not be included in a future Quality Principles Audit unless its consideration is relevant (e.g., following the identification of a non-conformance, the site count is too small requiring sites to be Audited multiple times).</li> </ul> |
| <b>Geographical coverage</b>             | <ul style="list-style-type: none"> <li>• Where the Provider operates in more than one Employment Region, sites should be selected from different Employment Regions</li> <li>• Where the calculated Site sample is larger than the total number of Employment Regions where the Provider operates, multiple sites in an Employment Region may be chosen.</li> </ul>   |
| <b>Varying Site types</b>                | <ul style="list-style-type: none"> <li>• The range of service sites (full time, part time and outreach) operated by the Provider should be considered.</li> </ul>   |
| <b>Changes in servicing arrangements</b> | <ul style="list-style-type: none"> <li>• Whether a Provider has established any new site or receive additional Business share since the last Quality Principles Audit.</li> </ul>   |
| <b>Subcontractor Sites</b>               | <ul style="list-style-type: none"> <li>• Sites operated by subcontractors are included in the scope of the Quality Principles Audit.</li> <li>• Consideration should be given to the amount of subcontractor's delivery services on behalf of the Provider.</li> <li>• Sites from different subcontractors should be included where relevant.</li> </ul>  |

## Note

Where the Provider's head office has an employment services delivery Site co-located with its head office, this may be included in the Audit sample, however, will be subject to the above considerations.

## Claims sampling

A minimum of 10 claims for payment or claims for reimbursement (Claims) per Site, capped at a total of 50 Claims across the organisation must be reviewed as part of a Quality Principles Audit. Additional Claims may be reviewed if it is considered that additional checking is required to determine the Provider's level of conformance.

Where a Provider's Site sample is greater than five Sites, the number of Claims checked must be evenly distributed across each of the Sites in the sample. If the Provider processes its Claims through a central Claims processing unit, the Claims reviewed during the Audit must be linked to the Sites included in the Site sample.

While it is not expected that every Claim type will be checked in the Audit, all Claim types made by the Provider are within the scope for checking.

## Participant sampling

Participant sampling is conducted in two ways.

**Table 8: Participant sampling types**

| Type of sampling                               | Description  |
|--|--|
| <b>Review of Participant files</b>             | <ul style="list-style-type: none"><li>• This involves an Audit review of all documentation associated with providing employment Services to the Participant. This can include, but is not limited to:<ul style="list-style-type: none"><li>○ Privacy Consent Forms</li><li>○ File notes</li><li>○ Snapshot</li><li>○ Participant's resume.</li></ul></li></ul> |
| <b>Conducting interviews with Participants</b> | <ul style="list-style-type: none"><li>• Interviews with participants can be:<ul style="list-style-type: none"><li>○ one on one sessions</li><li>○ phone interviews</li><li>○ video conferences.</li></ul></li></ul>  |

### Selecting the Participant sample

The number of Participant interviews and file reviews to be conducted at each Site depends on the Site's caseload.

Participants selected for the sample should be representative of the organisation and include Participants from a range of cohorts.

The Quality Auditor can seek the number and names of Participants from the Provider when determining the Participant Sample. The Provider must facilitate the Quality Auditor contacting and interviewing the Participants they select.

**Table 9: File review and Participant interview sampling requirements**

| Participants on site's active caseload | File review sample | Participant interview sample |
|--|--------------------|------------------------------|
| <b>0 – 600</b>                         | 4                  | 4                            |
| <b>601 – 1200</b>                      | 8                  | 8                            |
| <b>1201 +</b>                          | 12                 | 12                           |



## Note

- A Site's active caseload comprises Participants that have a status of 'pending', 'paused' and 'commenced'. Participants that have a status of 'paused' or 'pending' are not considered to be part of the Site's active caseload for the purposes of the Audit.
- If the minimum number of Participants at a Site cannot be interviewed, this must be outlined in the Quality Principles Audit Report with advice on why they could not be interviewed. Additional interviews may be required if there is a significant gap between the number of interviews conducted during the Audit and the minimum sampling requirements.

## Employer Sampling

Provider are required to engage with and support Employers in the Employment Regions in which the Provider has a Licence to deliver Workforce Australia Services.

**Table 10: Employer interview sampling requirements**

| Participants on Site's active caseload | Employer interview sample |
|--|---------------------------|
| 0 – 600                                | 1                         |
| 601 – 1200                             | 2                         |
| 1201 – 2400                            | 3 - 4                     |
| 2401+                                  | 5 - 9                     |

### *Selecting the Employer sample*

Employers selected for the sample should include Employers that Provider has:

- provided recruitment services to in the last 3-6 months
- placed Participants with for employment purposes in the last 12 months

Employers selected for the sample should be representative of the organisation and where possible include small, medium and large employers. The Provider should give the Quality Auditor a list of the Employers they work with and include contact names and details. The Provider must facilitate the Quality Auditor contacting and interviewing the Employers they select.

### *Conducting interviews with Employers*

Interviews with Employers can be:

- one on one sessions
- phone interviews
- video conferences.

## Audit Closing Meetings

Following the completion of a Quality Principles Audit, an Audit closing meeting must be held to discuss the outcomes of the Audit.

Any non-conformance identified during the Audit **must** be discussed at the closing meeting.

## Non-conformances

Any non-conformance identified during a Quality Principles Audit must be closed in accordance with the requirements outlined below.

### Types of non-conformances

Table 11: Descriptions of non-conformances

| Type of non-conformance      | Description   |
|------------------------------|---|
| <b>Major non-conformance</b> | <p>A Major non-conformance is:</p> <ul style="list-style-type: none"> <li>• a failure to have any process, or an effective process, in place for a Practice Requirement</li> <li>• an identified <a href="#">Minor non-conformance</a> that is the same as identified in the preceding Audit (Certification, Recertification).</li> </ul> |
| <b>Minor non-conformance</b> | <p>A Minor non-conformance is issued where the process in place for a Practice Requirement:</p> <ul style="list-style-type: none"> <li>• does not fully meet requirements, or</li> <li>• is only partially effective.</li> </ul>  |

Table 12: Non-conformance close and downgrade requirements

| Type of non-conformance      | Close/downgrading requirement   |
|------------------------------|---|
| <b>Major non-conformance</b> | <ul style="list-style-type: none"> <li>• Major non-conformances must be closed or downgraded <b>within 3 months</b> of the Audit closing meeting.</li> <li>• A Major non-conformance <a href="#">identified by the Department</a> following a review of an Audit conducted by a Quality Auditor, must be closed or downgraded <b>within 3 months</b> of the date the Provider is advised by the Department of the non-conformance.</li> </ul>   |
| <b>Minor non-conformance</b> | <ul style="list-style-type: none"> <li>• Minor non-conformances must be closed <b>within 6 months</b> of the Audit closing meeting.</li> <li>• In the case of a Minor non-conformance <a href="#">identified by the Department</a>, the Minor non-conformance must be closed <b>within 6 months</b> of the date the Department advised the Provider of the non-conformance.</li> <li>• If a Major non-conformance has been downgraded to a Minor non-conformance, the Provider must completely close the Minor non-conformance <b>within 6 months of the Audit closing meeting date</b>. That is: <ul style="list-style-type: none"> <li>○ the non-conformance should be closed in a <b>maximum timeframe of 6 months</b> from the Audit closing meeting date or,</li> <li>○ for non-conformances identified by the Department following a review of an Audit conducted by a Quality Auditor, a <b>maximum timeframe of 6 months</b> from the date the Department advised the Provider of the non-conformance.</li> </ul> </li> </ul> |

## Non-conformances identified by the Department through a review of a CAB conducted Quality Principles Audit

The Department may issue a non-conformance for a Quality Principles Audit conducted by a Quality Auditor where it is not satisfied that the evidence included in the Audit Report addresses the requirements, or where it considers that the evidence in the Audit Report indicates a non-conformance.

The Department reserves the right to raise non-conformances where it has received information contrary to the Audit Report.

## Quality Principles Audit Report

A Quality Principles Audit Report must be completed by the Quality Auditor that undertakes the Quality Principles Audit using the Quality Principles Audit Report template.

The Quality Principles Audit Report must:

- provide justifications for the recommendations made against each Practice Requirement being Audited
- raise any non-conformances identified during the Audit
- outline any Opportunities for Improvement identified during the Audit.

### Note

All non-conformances and Opportunities for Improvement must be reflected in the Audit Report, regardless of whether they were addressed or closed during the Audit.

**Table 13: Provider timeframes for delivery of Quality Principles Audit Report undertaken by a Quality Auditor**

| Timeframes for Quality Principles Audit report delivery from closing meeting date | Requirement  |
|---|--|
| Within 30 business days   | <ul style="list-style-type: none"> <li>• The <b>Provider</b> must <b>send to the Department</b> (via <a href="mailto:ESQAF@dewr.gov.au">ESQAF@dewr.gov.au</a> and copy in their Department Provider Lead) in word format not PDF:               <ul style="list-style-type: none"> <li>○ a copy of the Quality Principles Audit Report that has been signed by both the Quality Auditor and the Provider</li> <li>○ where relevant, a copy of the CAP that has been signed by both the Quality Auditor and the Provider.</li> </ul> </li> <li>• The <b>Quality Auditor</b> must <b>send to the Department</b> (via <a href="mailto:ESQAF@dewr.gov.au">ESQAF@dewr.gov.au</a>), and copying in the Provider, the completed self-assessment report in word format not PDF.</li> </ul> |

## Completing the Audit Report

To enable the Department to be assured that the Provider is conforming with the Quality Principles, it is important that the Audit Report outlines clearly how the Quality Auditor has determined the finding against the relevant Practice Requirement.

As the Department has not attended the Audit or viewed supporting documents, it is important that there is sufficient information included in the Audit Report so the Department can determine whether the conclusions reached are consistent with the requirements outlined in the Quality Principles. The Audit Report should be concise but sufficiently detailed.

### Note

The Department may reject a Quality Principles Audit Report if Practice Requirements are not appropriately addressed, which could impact on the Provider's QAF Certification.

## Quality Assessment of Quality Principles Audit Reports

The Quality Auditor must ensure that the Audit Report goes through a Quality Assurance Process to ensure its contents meet the Department's expectations and is sufficiently detailed and complete.

## Department review of Quality Principles Audit Reports

The Department will conduct a review of Quality Principles Audit Reports to assess how effectively the justification statements:

- address the Evidence Requirements for each Practice Requirement Audited
- support the findings outlined including any non-conformances and Opportunities for Improvement.

**Table 14: Timeframes for Quality Auditor Quality Principles Audit Reports reviewed by the Department**

| Timeframes for Quality Principles Audit report review                     | Requirement   |
|---|---|
| Upon receipt of the signed Quality Principles Audit Report and signed CAP | <p><b>Review of Quality Principles Audit Report</b></p> <ul style="list-style-type: none"> <li>• The Department will conduct a review of the Quality Principles Audit Report to assess how effectively the justification statements:               <ul style="list-style-type: none"> <li>○ address the Evidence Requirements for each Practice Requirement Audited</li> <li>○ support the conformance ratings recorded</li> <li>○ note any non-conformances and Opportunities for Improvement.</li> </ul> </li> <li>• During this process, the Department may request further information in writing from the Provider or CAB to clarify any issues.</li> <li>• The Department will write to the Provider advising Quality Principles Certification has been awarded or requesting further information of the Quality Principles Audit Report.</li> </ul> <p><b>Note</b></p> <p>The Department may reject a Quality Principles Audit Report if Practice Requirements are not appropriately addressed or if the required template is not used, which could impact on the Provider's Quality Principles and QAF Certification.</p> |

Within **10 business days** from the Department's request

**Request for Additional information**

- The Provider will be given **10 business days of receipt of the request** to provide additional information or documentation.
- The Department will review the additional information and/or documentation and write to the Provider advising of the Certification outcome.

**Note**

Where Minor or Major non-conformances have been identified, the Provider will need to send the Department a CAP within 30 business days from the closing meeting date for consideration. Best practice would be to provide the CAP at the same time as the Quality Principles Audit Report.

## Quality Principles Corrective Action Plan (CAP)

Where non-conformances are identified, a CAP approved by a Quality Auditor must be submitted to the Department.

**Table 15: Timeframes for submitting a CAP**

| Timing  | Action  |
|---|---|
| <b>Within 30 business days of the Audit Closing meeting</b> | <ul style="list-style-type: none"> <li>A CAP <b>must be</b> submitted by the Provider to the Department.</li> </ul>       |
|   | <p><b>Note</b></p> <p>It is recommended that the CAP be provided when submitting the Quality Principles Audit Report.</p> |

All CAPs **must** use the Department's template.

The CAP must contain:

- all non-conformances identified during the Audit, including any that may have been closed during the Audit
- description of the non-conformance, and proposed action to be taken to address the non-conformance (that is to close the non-conformance, or to downgrade a Major non-conformance to a Minor non-conformance)
- the agreed timeframes for closing a non-conformance
- the written endorsement from the Quality Auditor, and a determination as to whether the non-conformance can be closed remotely or if further on-Site Audit activity is required.

### Note

If the Department identifies a non-conformance following a review of a Quality Principles' Audit Report, the non-conformances **must** be added to the Provider's current CAP (if there is one) and submitted to the Department **within 30 business days** of the Department notifying the Provider of the additional non-conformances.

## Review of a CAP

The Department will review the CAP to confirm that corrective actions outlined meet the requirements of the Quality Principles, including ensuring corrective actions to be completed within required timeframes, as specified in relevant Guidelines.

## Closed and downgraded non-conformances

A closed or downgraded non-conformance requires the Quality Auditor who signed the original CAP to complete downgrade and/or close requirements.

**Table 16: Timeframes submitting closed or downgraded non-conformances**

| Timing                              | Action  |
|-------------------------------------|---|
| <b>As per close date in the CAP</b> | <ul style="list-style-type: none"><li>• The Provider must submit the signed closed or downgraded CAP to the Department no later than the closed or downgraded date stated in the CAP, in word format not PDF.</li><li>• The closed CAP must include verification of the closure by the Quality Auditor, and signature, to close the non-conformances.</li><li>• Where the closed or downgraded non-conformance was a Major non-conformance, the Department will write to the Provider to confirm Certification, and where relevant confirm QAF Certification.</li></ul> |

### Note

- Non-conformances identified by the Department following a review of an Audit conducted by a Quality Auditor must be closed out by a Quality Auditor.
- Signed closed or downgraded CAPs are to be submitted to the Department in word format, not PDF.



## Key QAF and Employment Services Terms and Acronyms

Table 17: Key Terms and acronyms

| Key Term                                     | Description  |
|--|--|
| <b>Acceptable Reason</b>                     | A Participant (Mutual Obligation):<br>(a) has notified the Provider, before the start time scheduled for a Mutual Obligation Requirement, that the Participant is unable to satisfy the Mutual Obligation Requirement; and<br>(b) the Provider is satisfied that the Participant has a Valid Reason for being unable to satisfy the Mutual Obligation Requirement.   |
| <b>Activity</b>                              | An activity approved by the Department which can include: <ul style="list-style-type: none"> <li>• Work for the Dole</li> <li>• Voluntary Work</li> <li>• Observational Work Experience Placement</li> <li>• Local Jobs Program</li> <li>• Workforce Specialist Projects</li> <li>• Launch into Work</li> <li>• Employability Skills Training</li> <li>• Career Transition Assistance</li> <li>• Self-employment Assistance</li> <li>• Skills for Education and Employment</li> <li>• Non-vocational assistance and interventions</li> </ul> |
| <b>Activity Risk Assessment</b>              | A risk assessment in relation to a potential or actual Specified Activity, which is undertaken and/or updated in accordance with any Guidelines.   |
| <b>Adult Migrant English Program or AMEP</b> | AMEP provides free English language tuition to eligible migrants and humanitarian entrants to help them learn foundation English language and settlement skills to enable them to participate socially and economically in Australian society.<br><br>Participants can access unlimited hours of English classes until vocational English is achieved for clients with a visa commencement date on or before 1 October 2020. No time limits for registration, commencement and completion apply.   |
| <b>Appointment</b>                           | A date and time for a Contact recorded in the Electronic Calendar.   |
| <b>Assessment</b>                            | A formal assessment of a Participant's circumstances conducted by:<br>(a) Services Australia, using the Job Seeker Snapshot and/or an ESAt or a JCA; or<br>(b) a Provider or a Participant, using the Job Seeker Snapshot.   |
| <b>CAB Contact</b>                           | The person nominated by the CAB in the Quality Auditor Deed that has responsibility for day-to-day management and communication under the Quality Auditor Deed.  |

| Key Term  | Description   |
|---|---|
| <b>Conformance Assessment Body or CAB</b>           | <p>A company responsible for carrying out conformity assessment activities (Audits) in accordance with standards and industry regulations. Also known as a Quality Auditor.</p> <p>The Audit services provider contracted under the Quality Auditor Deed and includes its Personnel, successors and assigns.</p>  |
| <b>Capability Assessment</b>                        | An assessment by Services Australia to ensure that the Mutual Obligation Requirements specified in a Participant's Job Plan are appropriate to their circumstances and that the Participant is capable of meeting them.   |
| <b>Capability Interview</b>                         | A contact between a Workforce Australia Employment Services Provider and a Participant to ensure that the Mutual Obligation Requirements specified in the Participant's Job Plan are appropriate to their circumstances and that the Participant is capable of meeting them.  |
| <b>Corrective Action Plan or CAP</b>                | <p>The documented corrective actions required for all identified non-conformances.</p> <p>All CAPs should use the Department's template. The CAP must contain:</p> <ul style="list-style-type: none"> <li>• all non-conformances identified during the Audit, including any that may have been closed during the Audit</li> <li>• proposed action to be taken to address the non-conformance (that is to close the non-conformance, or to downgrade a Major non-conformance to a Minor non-conformance)</li> <li>• the timeframes for closure</li> <li>• the written endorsement from the Quality Auditor or Departmental Audit Officer and a determination as to whether the non-conformance can be closed remotely or if further on-site Audit activity is required.</li> </ul> |
| <b>Career Transition Assistance or CTA</b>          | <p>A Complementary Program, administered by the Department, which Providers may access to provide practical assistance to mature age Participants (45 and older) with the aim of improving digital literacy, and increasing their employability and competitiveness in the local job market.</p> <p>Each CTA Course runs for up to 8 weeks. Participation in a CTA Course is for a minimum of 75 hours (including a minimum of 50 hours in small group settings). Participation in CTA is voluntary.</p>  |
| <b>Caseload</b>                                     | In relation to the Provider at a particular point in time, all Participants who have on or before that point in time been Referred to, or Directly Registered with, the Provider and have not been Exited or transferred to another Workforce Australia Employment Services Provider since that Referral or Direct Registration.  |
| <b>Change of Circumstances Reassessment or CoCR</b> | <p>A reassessment of the Participant's circumstances:</p> <p>(a) using the Job Seeker Snapshot in accordance with clause 113 and any Guidelines; or</p> <p>(b) by an update of the Participant's JSCI generated by the Department's IT Systems.</p>   |
| <b>Child</b>  | An individual under the age of 18 years   |
| <b>Commence or Commencement</b>                     | For Participants, the time at which the Provider has recorded the completion of the Initial Interview (which includes entering into, or updating, a Job Plan, where applicable) on the Department's IT Systems.   |

| Key Term   | Description   |
|--|---|
| <b>Community Development Program or CDP</b>                | The Community Development Program (CDP) is the Government's remote employment and community development service. CDP supports job seekers in remote Australia to build skills, address barriers to employment and contribute to their communities through a range of flexible activities.   |
| <b>Competent Person</b>                                    | An individual who has acquired through training, qualification or experience the knowledge and skills to carry out specific work health and safety tasks, and as otherwise specified in any Guidelines.   |
| <b>Complaint</b>   | Any expression of dissatisfaction with the Provider's policies, procedures, employees or the quality of the Services the Provider offers or provides, but does not include:<br>(a) a request by a Participant or potential Participant for Services, unless it is a second or further request;<br>(b) a request for information or for an explanation of a policy or procedures; or<br>(c) the lodging of any appeal against a decision when this is a normal part of standard procedure or policy.   |
| <b>Complementary Program</b>                               | An employment or training program:<br>(a) administered by the Commonwealth, including the Department; or<br>(b) provided by a state or territory government (including by state or territory government funded providers), as advised by the Department, which the Provider may access to provide additional specialised assistance to a Participant.   |
| <b>Confidential Information</b>                            | Any information that:<br>(a) is by its nature confidential;<br>(b) the Parties agree to treat as confidential or by Notice to each other; or<br>(c) a Party knows, or ought reasonably to know, is confidential to the other Party,<br>but does not include information that:<br>(d) is or becomes public knowledge otherwise than by breach of the Quality Auditor Deed or any other confidentiality obligation;<br>(e) is in the possession of the receiving Party without restriction in relation to disclosure before the date of receipt; or<br>(f) has been independently developed or acquired |
| <b>Department Customer Service Officer</b>                 | Any individual who is responsible on behalf of the Department for responding to calls to the Department's National Customer Service Line.   |
| <b>Department contact</b>                                  | The person nominated by the Department in the Quality Auditor Deed that has responsibility for day-to-day management and communication under the Quality Auditor Deed.  |
| <b>Department's National Customer Service Line or NCSL</b> | A free call telephone service which puts Participants and Employers in contact with a Department Customer Service Officer, and is 1800 805 260, or such other number as Notified by the Department.   |
| <b>Digital Services Contact Centre</b>                     | The service managed by the Department to provide support to Workforce Australia Services Online Participants and Workforce Australia Services Participants that can be contacted on 1800 314 677, or such other number as Notified by the Department.   |
| <b>Early School Leaver or ESL</b>                          | A person who receives Youth Allowance (other), is under 22 years of age and has not completed Year 12, the final year of secondary school or an equivalent Australian Qualifications Framework Certificate III level or above.  |

| Key Term                                    | Description   |
|---|---|
| <b>Education and Training</b>               | <p>Education and training benefits Participants who are unlikely to find work with their existing skills to complete courses and/or gain a qualification with a vocational focus that will enhance their immediate employability.</p> <p>Participants can undertake education or training at any time if it meets the requirements of an Approved Short Course. Participants in Education and training can gain points under the PBAS. Education and accredited training may be undertaken as an alternate Activity where the Participant would otherwise have a Mandatory Activity Requirement.</p>  |
| <b>Electronic Calendar</b>                  | <p>The electronic calendar in the Department's IT Systems used by the Provider for managing, and/or setting dates and times for:</p> <ul style="list-style-type: none"> <li>(a) Referrals;</li> <li>(b) Engagements; and</li> <li>(c) referrals by the Provider to other employment services.</li> </ul>  |
| <b>Employability Skills Training or EST</b> | <p>A Complementary Program, administered by the Department, which Providers may access to enhance work readiness of Participants. EST provides intensive pre-employment training through 2 different blocks of targeted training:</p> <ul style="list-style-type: none"> <li>• Training Block 1: workplace focused training</li> <li>• Training Block 2: industry focused training.</li> </ul> <p>EST Eligible Participants can undertake one or both EST Courses, in any order.</p> <p>Each EST Course runs for 75 hours, in a group setting, over:</p> <ul style="list-style-type: none"> <li>• 25 hours per week over 3 weeks, or</li> <li>• 15 hours per week over 5 weeks.</li> </ul> <p>EST Courses can be delivered by EST Providers as Youth Courses, 25 Plus Courses or All Ages Courses. EST Courses are generally face-to-face, however hybrid (a blend of face-to-face and online) and online delivery may be available</p> |
| <b>Employer</b>                             | An entity that has the legal capacity to enter into a contract of employment with a Participant.  |
| <b>Employment or Employed</b>               | The status of an individual who is in paid work under a contract of employment or who is otherwise deemed to be an employee under relevant Australian legislation.  |
| <b>Employment Facilitator</b>               | An entity contracted by the Department to provide a local point of contact for the Department and who works directly with local communities, business and stakeholders, as well as certain Participants or potential Participants where required to connect them with training and job opportunities and to link them with other existing support.  |

| Key Term   | Description   |
|--|---|
| <b>Employment Fund or EF</b>                         | <p>The Employment Fund is a flexible pool of funds available to Providers to offer support tailored to the needs of Participants, employers, and the local labour market. Each Provider receives credits they can use and then claim Reimbursement for the purchase of goods and services that support and assist Participants to gain the tools and build the skills and experience they need to get and keep a job.</p> <p>A Provider must ensure the purchase meets the Employment Fund Principles before purchasing goods and services:</p> <ul style="list-style-type: none"> <li>• provides eligible Participants with the work-related tools, skills and experience that correspond with their difficulties in finding and keeping a job in the relevant labour market</li> <li>• provides value for money</li> <li>• complies with any work, health and safety laws that may apply</li> <li>• withstands public scrutiny, and</li> <li>• will not bring the Services, the Provider or the Department into disrepute.</li> </ul> |
| <b>Employment Outcome</b>                            | (a) a Partial Outcome; or<br>(b) a Full Outcome.  |
| <b>Employment Region or ER</b>                       | <p>A geographical area:</p> <p>(a) identified and displayed at the Labour Market Information Portal Website (lmp.gov.au), as varied by the Department at the Department's absolute discretion; and</p> <p>(b) that the Provider is contracted to service under the Workforce Australia Services Deed, as specified in Schedule 1 to any Head Licence.</p>   |
| <b>Employment Services Assessment or ESAt</b>        | An assessment of a Participant's barriers to employment and work capacity conducted by Services Australia.  |
| <b>Employment Services Tip off Line</b>              | A telephone and email service, developed primarily for current and former employees of employment services providers who suspect, or have evidence of incorrect claims or acceptance of Payments, or any other activities that may be a breach of the deeds that employment services providers have signed with the Department, and which allows those individuals to report their concerns to the Department.  |
| <b>Employment Services System 2.0 or ESS Web 2.0</b> | The IT system Providers use to manage Workforce Australia Services Participants.  |
| <b>Exemption</b>                                     | An exemption by Services Australia from Mutual Obligation Requirements of a Participant (Mutual Obligation) for a specified period of time as a result of circumstances specified under the Social Security Law.  |
| <b>Exit</b>  | An exit of a Participant from Workforce Australia Services in accordance with the Workforce Australia Services Deed.  |

| Key Term  | Description   |
|---|---|
| <b>External Systems Assurance Framework or ESAF</b> | <p>The ESAF provides assurance that the risks to the Department’s IT Systems and data, information and Records stored outside of the Department’s IT Systems environment are managed securely and appropriately.</p> <p>This is consistent with the whole of government Protective Security Policy Framework (PSPF). As part of the PSPF, the Department is accountable for ensuring that all contracted Providers used in the delivery of its programs also comply with PSPF requirements.</p> <p>The ESAF covers External IT Systems associated with:</p> <ul style="list-style-type: none"> <li>• the delivery of the Services, including storage, processing or communication of data related to delivering the Services,</li> <li>• Accessing the Department's IT Systems, and</li> <li>• data, information and Records supporting the program.</li> </ul> <p>The areas of assurance covered in the ESAF are Provider IT Systems and Third Party Employment Systems (TPES).</p>  |
| <b>Full-Time</b>                                    | For a Full-Time Site, a minimum of eight hours on each Business Day   |
| <b>Full-Time Site</b>                               | A Site that is specified to be a Full-Time Site in Schedule 1 to the relevant Head Licence.   |
| <b>Generalist Provider means:</b>                   | <p>(a) a Workforce Australia Employment Services Provider licensed to deliver Workforce Australia Services to all Participants, regardless of which cohort they may belong to; and</p> <p>(b) regarding a particular Site, the Provider if the Provider is identified as a Generalist Provider in Schedule 1 to any Head Licence in relation to any Licence applying to that Site</p>   |
| <b>Harvest Trail Services or HTS</b>                | <p>The Commonwealth Harvest Trail Services (HTS) link eligible workers, including Australian job seekers, with seasonal harvest jobs to meet seasonal peaks in employer demand in horticultural locations across Australia.</p> <p>The objectives of HTS are to address Harvest Employers’ recruitment needs in 16 Harvest Areas, improve community understanding of the legal requirements for fair and safe Harvest Work and increase the number of Australians employed in Harvest Work. Providers are required to collaborate with local HTS Providers to support Participants in gaining and maintaining Harvest Work.</p> <p>Providers are required to encourage Participants to consider Harvest Work and refer any Participant who has expressed interest in a Harvest Placement to an HTS Provider. Referrals to an HTS Provider are not possible through the Department's IT Systems and must be undertaken directly by contacting the HTS Provider, who will assess Participant's suitability for the Harvest Work and connect them with relevant Harvest Employer</p> |
| <b>Head Licence</b>                                 | A contract for the provision of the Services that is formed in accordance with the Workforce Australia Services Deed  |

| Key Term                              | Description   |
|---------------------------------------|---|
| <b>Host Organisation</b>              | <p>An organisation that hosts an Activity, but does not include:</p> <ul style="list-style-type: none"> <li>(a) an EST Provider in relation to its delivery of an EST Course;</li> <li>(b) a CTA Provider in relation to its delivery of a CTA Course;</li> <li>(c) a Local Jobs Program Activity Host in relation to its delivery of a Local Jobs Program Activity;</li> <li>(d) a Workforce Australia - Workforce Specialist in relation to its delivery of a Workforce Specialist Project;</li> <li>(e) a Launch into Work Organisation in relation to its delivery of a Launch into Work Placement; or</li> <li>(f) a SEE Provider in relation to its delivery of a SEE Training Course.</li> </ul> <p>Note: For the avoidance of doubt, where applicable, a Host Organisation could include a Related Entity</p> |
| <b>Host Organisation Agreement</b>    | <p>A written and signed agreement between the Provider and a Host Organisation (and, where relevant, the Participant) in relation to the provision of Activities, in accordance with any Guidelines.</p>  |
| <b>Indigenous Australian</b>          | <p>An individual who:</p> <ul style="list-style-type: none"> <li>(a) is identified as such on the Department's IT Systems; or</li> <li>(b) identifies as an Aboriginal person or a Torres Strait Islander, in each case, as defined in section 4(1) of the Aboriginal and Torres Strait Islander Act 2005 (Cth).</li> </ul>   |
| <b>Initial Interview</b>              | <p>An initial Contact between the Provider and a Participant in accordance with the Workforce Australia Services Deed.</p>  |
| <b>Job Capacity Assessment or JCA</b> | <p>An assessment conducted by Services Australia to determine eligibility for the Disability Support Pension and includes assessment of barriers to employment and work capacity.</p>   |
| <b>Job Placement</b>                  | <p>A Vacancy or a position in an apprenticeship or a traineeship that is recorded or lodged on the Department's IT Systems by the Provider as being occupied by the Participant in accordance with the Workforce Australia Services Deed.</p>   |

| Key Term                      | Description   |
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| <b>Job Plan</b>               | <p>A job seeker’s commitment to participate in employment services in return for receiving an Income Support Payment is agreed through a Job Plan.</p> <p>For the purposes of Social Security Law, a Job Plan is called an ‘employment pathway plan’ for job seekers receiving Income Support Payments and a ‘participation plan’ for Disability Support Pension recipients, less than 35 years of age, with compulsory participation requirements.</p> <p>The Job Plan outlines what the job seeker must do to participate in employment services, called their Mutual Obligation Requirements, which include: · meeting a Points Requirement (including any minimum Job Search Requirement) as displayed on their homepage or as advised by their Provider, and reporting tasks and activities on their homepage, or to their Provider</p> <ul style="list-style-type: none"> <li>• attending and acting appropriately during any compulsory Appointments of which the participant is notified (i.e. Appointments with their Provider or with third parties)</li> <li>• attending and acting appropriately during a job interview/s</li> <li>• accepting any offer of a suitable job and not voluntarily leaving a suitable job</li> <li>• taking responsibility to accurately record or report attendance at their requirements</li> <li>• participating in a Mandatory Activity Requirement on the dates and times notified.</li> </ul> <p>Providers must discuss the contents of the Job Plan with the Participant to ensure they understand what they are agreeing to do and the potential consequences of not agreeing to enter into the Job Plan or failing to meet their Mutual Obligation Requirements as outlined in the Job Plan.</p> |
| <b>Job Search</b>             | <p>An instance of active contact with a potential Employer to apply for a job, and includes a contact by phone or in person, by submitting a written application, or by attending a job interview.</p> <p>Note: Relevant job vacancies do not need to have been publicly advertised to count as a Job Search. However, looking for job vacancies in newspapers or online does not count as a Job Search unless actual contact is made with the relevant potential Employer</p>  |
| <b>Job Search Requirement</b> | <p>The number of Job Searches that a Participant (Mutual Obligation) or a Disability Support Pension Recipient (Compulsory Participation Requirements) must complete per month, tailored to the Participant in accordance with any Guidelines.</p>  |



| Key Term  | Description   |
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| <b>Job Seeker Assessment Framework or JSAF</b>      | <p>The JSAF informs Participants of the employment services that they are eligible for and supports them in making relevant choices. The JSAF is intended to be ongoing and dynamic, to support Participant disclosure and engagement and to minimise reporting duplication for Participants. It uses analytics to personalise interventions and support and includes Workforce Australia Online safeguards for Participants in Workforce Australia Online.</p> <p>It also acknowledges that Providers have their own tools, assessments, and resources to ensure that servicing is tailored to the Participant’s individual needs, circumstances, skills, strengths, and any barriers or issues they may have in relation to finding employment.</p> |
| <b>Job Seeker Classification Instrument or JSCI</b> | The statistical tool that determines a Participant’s risk of becoming long term unemployed and is the core assessment mechanism in the Job Seeker Snapshot.   |
| <b>Job Seeker Profile</b>                           | The functionality in the Department’s IT Systems of that name (or such other name as advised by the Department from time to time) that captures key elements of a Participant’s skills, qualifications and employment history for the purposes of enabling job matching and tailored job recommendations to be provided to Participants.  |
| <b>Job Seeker Snapshot</b>                          | A questionnaire completed by the Participant, Services Australia or the Provider, the results of which informs the Participant of the employment services that they are eligible for and supports them in making relevant choices. It includes questions that determine the Participant’s Job Seeker Classification Instrument score, support the Participant to make an informed decision when given a choice between Workforce Australia Online and Workforce Australia Services, and help identify if the Participant may require an Employment Services Assessment.   |
| <b>Key Performance Measure or KPM</b>               | The measures that underpin the seven Quality Principles that a Provider must meet to demonstrate conformance with the Quality Principles.   |
| <b>Labour Market Information Portal or LMIP</b>     | The website of that name that is owned and maintained by the Commonwealth and accessible via the internet ( <a href="https://lmip.gov.au/">https://lmip.gov.au/</a> ).  |

| Key Term                         | Description   |
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| <b>Launch into Work or LiW</b>   | <p>Launch into Work is a pre-employment Activity for job seekers. Participation is voluntary. LiW Projects include training, work experience, mentoring and a guaranteed job for suitable Participants who successfully complete all requirements of the Project. Participants must participate in screening and selection, and pre-employment checks (if required), to determine their suitability for the job on offer prior to commencement in a LiW Project. The LiW Program creates opportunities for Participants who would not otherwise have been offered employment through typical recruitment methods. Providers cannot provide, purchase or broker LiW Projects.</p> <p>LiW Projects offer Providers the opportunity to place Participants into an Activity which leads to a guaranteed employment outcome for all job seekers who successfully complete all aspects of the LiW Project. Participants will be deemed to have successfully completed the LiW Project when they:</p> <ul style="list-style-type: none"> <li>• successfully complete the required training</li> <li>• participate in mentoring</li> <li>• have a positive attendance record for the duration of the LiW Placement</li> <li>• demonstrate the required values and attributes throughout the LiW Placement</li> <li>• any other requirements of the LiW Project and employer.</li> </ul>   |
| <b>Licence</b>                   | <p>The rights and obligations that:</p> <p>(a) the Provider has under a Head Licence; and</p> <p>(b) relate to the delivery of the Services by a Provider in a particular Employment Region as either a Generalist Provider or a Specialist Provider.</p>   |
| <b>Local Jobs Program or LJP</b> | <p>The Local Jobs Program supports tailored training and skilling solutions at the local level to connect employers with jobseekers as quickly as possible. The Local Jobs Program (LJP) is in 51 Employment Regions across Australia.</p> <p>The program includes the following elements.</p> <ul style="list-style-type: none"> <li>• An Employment Facilitator and a Support Officer on the ground in each region. They bring together key stakeholders including employers, employment services providers, higher education and training organisations to work collaboratively to address the priorities for the region, as identified in the Local Jobs Plan.</li> <li>• A Local Jobs and Skills Taskforce with representatives from the local region. They identify key employment priorities and local workforce needs and then connect and collaborate with stakeholders to design and implement solutions.</li> <li>• A Local Jobs Plan developed in consultation with local stakeholders and the Local Jobs and Skills Taskforce provides a framework for driving skills and employment outcomes in the local labour market.</li> <li>• A Local Recovery Fund to support activities designed to address employment and training priorities and identify opportunities to better skill participants to meet local employer demand.</li> <li>• A National Priority Fund (NPF) for innovative initiatives that address structural and other barriers to the attraction, recruitment and retention of job seekers and workers.</li> </ul> |

| Key Term   | Description  |
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| <b>Mandatory Activity Requirement</b>                  | A requirement, specified in a Participant's (Mutual Obligation) Job Plan, to undertake a Mandatory Activity.   |
| <b>Mutual Obligation Requirement or MOR</b>            | Any activity test, participation requirement or other requirement that a Participant must meet in order to receive an Income Support Payment, including a requirement that, if not complied with, would be: <ul style="list-style-type: none"> <li>(a) a Mutual Obligation Failure;</li> <li>(b) a Work Refusal Failure;</li> <li>(c) an Unemployment Failure; or</li> <li>(d) a failure to meet a Reconnection Requirement, under the Social Security Law.</li> </ul> |
| <b>National Training System</b>                        | The Australian Vocational Education and Training system which aims to provide individuals with the work-ready skills and qualifications needed to keep Australia's industry sectors productive and competitive and which is based on occupational skills standards, which are set out in units of competency within training packages which reflect nationally consistent qualifications required for particular occupations.  |
| <b>Notifiable Incident</b>                             | Has the meaning given in the WHS Act   |
| <b>Observational Work Experience Placement' or OWE</b> | OWE provides voluntary, short-term, unpaid, observational work experience placements to help Participants build soft skills and gain a better understanding of the workplace or potential career opportunities.<br>OWE is an Activity which the Provider may use for eligible Participants who are not yet job-ready and have limited or no experience in the workplace.   |
| <b>Online Learning Modules</b>                         | A suite of Australian online training modules provided by the Department which Participants can access to help them develop skills needed to improve their job searching ability and engage in the labour market.  |
| <b>Other Service</b>                                   | <ul style="list-style-type: none"> <li>(a) ParentsNext;</li> <li>(b) Transition to Work (TtW);</li> <li>(c) Disability Employment Services (DES); or</li> <li>(d) any other service specified as an Other Service in any Guidelines.</li> </ul>  |

| Key Term                     | Description  |
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| <b>Other Activities</b>      | <p>Other Activities are activities that can be undertaken in order to assist Participants to improve their employment prospects and/or manage or overcome vocational and non-vocational barriers to employment. All of these Activities are voluntary.</p> <p>The following Activities that may be undertaken by Participants to meet participation:</p> <ul style="list-style-type: none"> <li>• Non-Government Programs</li> <li>• non-vocational assistance and interventions, for example <ul style="list-style-type: none"> <li>○ counselling</li> <li>○ drug and alcohol treatment/rehabilitation</li> <li>○ medical or health related programs</li> <li>○ self-help and support groups</li> </ul> </li> <li>• other government programs</li> <li>• Australian Defence Force Reserves.</li> </ul> <p>The Provider will need to determine if the Activity will be of benefit to the Participant, help support the Participant to progress towards employment, and is appropriate for the Participants individual circumstances and capacity. The Provider should also consider whether the Activities will prepare Participants to meet skills needs identified by Employers.</p> |
| <b>Outreach</b>              | for an Outreach Site, a regular presence other than Part-Time or Full-Time – for example, on a fortnightly, monthly, seasonal or ‘as the need arises’ basis  |
| <b>Outreach Site</b>         | a Site that is specified to be an Outreach Site in Schedule 1 to the relevant Head Licence.  |
| <b>Quality Auditor List</b>  | The list of pre-approved CABs who may be engaged by Providers to conduct Quality Principles Audits.  |
| <b>Paid Induction Period</b> | is a period before the start of continuous Employment of a Participant where the Participant undergoes associated job training supported by the Employer and where the Employer remunerates the Participant in compliance with all applicable legislation.   |
| <b>ParentsNext</b>           | <p>ParentsNext is a pre-employment program that helps parents and carers plan and prepare for work before their youngest child starts school. In consideration of the ParentsNext participant’s needs and circumstances providers can connect the ParentsNext participant to local activities and support services such as:</p> <ul style="list-style-type: none"> <li>• counselling</li> <li>• support if they are experiencing domestic and family violence</li> <li>• access to child care</li> <li>• education and training including accredited courses, University degrees, driving courses, and courses to help improve language, literacy and numeracy skills</li> <li>• self-help and support groups (for example, homelessness intervention, financial counselling, Indigenous cultural activities)</li> <li>• work experience, voluntary work, part time/casual paid work.</li> </ul>   |

| Key Term                                  | Description  |
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| <b>Participant</b>                        | Any individual, who is identified by Services Australia, the Department, or the Provider on the Department's IT Systems as eligible for receiving Workforce Australia Services, and includes a Workforce Australia Services Participant, a Participant (Mutual Obligation), a Participant (Voluntary), a Disability Support Pension Recipient (Compulsory Participation Requirements) and any other individual identified as a Participant in any Guidelines   |
| <b>Participant (Mutual Obligation)</b>    | a Participant with Mutual Obligation Requirements, including any Participant as specified in any Guidelines, but excluding a Disability Support Pension Recipient (Compulsory Participation Requirements).   |
| <b>Participant (Voluntary)</b>            | a Participant who:<br>(a) is subject to an Exemption;<br>(b) has part-time Mutual Obligation Requirements and is fully meeting their Mutual Obligation Requirements;<br>(c) has a temporary reduced work capacity of less than 15 hours per week, as determined by an ESAt or JCA, for the period determined by an ESAt or JCA;<br>(d) is a PCW Participant with a current and future work capacity of less than 15 hours per week; or<br>(e) is otherwise identified by the Department as being a Participant (Voluntary),<br>(f) and volunteers to participate in additional activities. |
| <b>Participant Risk Assessment</b>        | A risk assessment in relation to a Participant's involvement in a Specified Activity undertaken and updated in accordance with any Guidelines.   |
| <b>Participant Sourced Voluntary Work</b> | Voluntary Work that a Participant with a Points Requirement has identified and secured for themselves, including Voluntary Work that the Participant identifies and secures for themselves with a Host Organisation.   |
| <b>Part-Time</b>                          | for a Part-Time Site, set weekly hours on Business Days with hours of operation less than Full-Time, as agreed with the Department   |
| <b>Part-Time Site</b>                     | a Site that is specified to be a Part-Time Site in Schedule 1 to the relevant Head Licence.  |
| <b>PCW Participant</b>                    | A Participant with a Partial Capacity to Work.   |
| <b>Permissible Break</b>                  | Where a Participant is working towards a Partial Outcome or a Full Outcome, a period of time during which the Participant has a break in Employment caused by a situation which is outside the control of the Participant or the Provider and which satisfies the requirements specified in any Guidelines.  |
| <b>Personnel</b>                          | (a) in relation to the Provider, any individual who is an officer, employee, volunteer or professional advisor of the Provider; and<br>(b) in relation to any other entity, any individual who is an officer, employee, volunteer or professional advisor of the entity.   |

| Key Term                                      | Description  |
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| <b>Points Based Activation System or PBAS</b> | <p>The system which allows Participants to meet their Mutual Obligation Requirements by undertaking sufficient tasks and activities to meet a monthly Points Target.</p> <p>The Provider must ensure that the Participant understands how they can meet their Points Requirement through using PBAS, including that:</p> <ul style="list-style-type: none"> <li>• the Participant must meet a specified Points Target each month that is displayed on their homepage, that is, the number of points they must report to meet their Mutual Obligation Requirements</li> <li>• the Participant must complete or attend tasks or Activities to earn points</li> <li>• the Participant’s Points Target will be tailored to recognise the Participant’s personal circumstances and/or local labour market conditions</li> <li>• the Participant may be required to complete a minimum Job Search Requirement each month and a Participant cannot meet their Points Target without completing this requirement</li> <li>• the Participant can fully meet their Mutual Obligation Requirements through participation in certain tasks and Activities</li> <li>• the Participant’s Points Reporting Period ends on the same day each month, and this date is displayed on their homepage</li> <li>• if the Participant does not report sufficient points to meet their Points Target by the end of their Points Reporting Period, the Participant may be subject to compliance action under the Targeted Compliance Framework (TCF). R</li> <li>• the Participant reports the completion of tasks and attendance at Activities on their homepage</li> <li>• if the Participant cannot meet their Points Target or has a change in circumstances, to immediately advise their Provider</li> </ul> |
| <b>Post-placement Support</b>                 | Support and assistance provided to Participants and/or Employers to help sustain the Employment of a Participant following a relevant Job Placement and may include the provision of mentoring and coaching, work-related training, work-related equipment and attire and other relevant support.  |
| <b>Practice Requirements</b>                  | The measures that underpin the KPMs for the Quality Principles. A Provider must meet the Practice Requirements to demonstrate conformance with the KPMs.   |
| <b>Pre-existing Employment</b>                | A position in Employment, Unsubsidised Self-Employment, an apprenticeship or traineeship occupied by the Participant prior to them receiving Workforce Australia Services from any Workforce Australia Employment Services Provider.   |
| <b>Privacy Act</b>                            | refers to the Privacy Act 1988 (Cth).  |
| <b>Pre-release Prisoners</b>                  | <p>Under the Australian Government’s Pre-release Prisoner initiative (the PRP initiative), Workforce Australia Services are available to eligible prisoners while they are incarcerated.</p> <p>The PRP initiative aims to maximise employment support for people while they are incarcerated and following their release. Participation is intended to reduce former prisoners’ reliance on welfare after leaving prison by improving their job search skills and helping them build connections with Employers at the earliest opportunity.</p>  |

| Key Term                                       | Description  |
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| <b>Program Assurance Activities</b>            | Refers to activities that may be conducted at any time, to assist the Department in determining whether the Provider is meeting its obligations under the Workforce Australia Services Deed, including any Guidelines.   |
| <b>Provider Lead</b>                           | A Department Officer with overarching responsibility for a provider and all matters relating to administration of its contract.  |
| <b>Provider Sourced Voluntary Work</b>         | Voluntary Work that the Provider has identified and secured for a Participant, including Voluntary Work that the Provider itself arranges with a Host Organisation.  |
| <b>Referral or Referred</b>                    | <p>A referral of a Participant to the Provider through the Department's IT Systems, including by Services Australia or the Department.</p> <p>Referral of a Participant includes:</p> <ul style="list-style-type: none"> <li>(a) when the Participant is transitioned to the Provider by the Department from a jobactive Provider or a NEST Provider at the start of the Workforce Australia Services Deed;</li> <li>(b) following an online assessment, or an assessment by Services Australia, that has determined the Participant is eligible for Workforce Australia Services;</li> <li>(c) when the Participant is moved from an Other Service or Workforce Australia Online Services, including where a Workforce Australia Services Online Participant requests to be moved to Workforce Australia Services; or</li> <li>(d) when the Participant is transferred to the Provider from another Workforce Australia Employment Services Provider</li> </ul> |
| <b>Registered Training Organisation or RTO</b> | <p>A registered training organisation registered by either:</p> <ul style="list-style-type: none"> <li>(a) the Australian Skills Quality Authority (Commonwealth); or</li> <li>(b) the Registration and Qualifications Authority (Victoria); or</li> <li>(c) the Training Accreditation Council (Western Australia),</li> </ul> <p>as recorded on the national register of registered training organisations contained at <a href="http://training.gov.au">training.gov.au</a>.</p>  |

| Key Term                          | Description  |
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| <b>Right Fit For Risk or RFFR</b> | <p>The RFFR approach includes requirements in relation to Provider accreditation based on the:</p> <ol style="list-style-type: none"> <li>2. International Standard ISO/IEC 27001:2013 Information technology – Security techniques – Information security management systems – Requirements (ISO 27001) – the international standard outlining the core requirements of an Information Security Management System.</li> <li>3. Australian Government Information Security Manual (ISM) – the Australian Government’s cyber security framework to protect systems and data from cyber threats.</li> </ol> <p>The RFFR approach includes a requirement that Providers design and implement an Information Security Management System (ISMS) that is consistent with the requirements of ISO 27001. An ISMS is a systematic approach to managing business information so that it remains secure and available when staff need it. It secures people, premises, IT systems and information by applying a risk management process to information security.</p> <p>The RFFR program extends ISO 27001 in 2 key areas:</p> <ol style="list-style-type: none"> <li>4. ISO 27001 requires organisations to consider the set of security controls presented in Annex A to the standard and identify which are applicable to mitigating their security risks. RFFR extends this requirement by asking Providers to also consider the set of security controls presented in the ISM that are relevant to securing OFFICIAL classified information.</li> <li>5. The Department has identified core expectation areas that are particularly important to the security posture at all organisations. All Providers are expected to include security controls that support the core expectation areas under the RFFR when identifying applicable controls for inclusion in their ISMS.</li> </ol> <p>The Department is the accrediting authority for Providers. To accredit Providers, the Department seeks assurance that the Provider has implemented an appropriate standard of security over their information and their IT environment. The accreditation process for each Provider depends on their size and risk profile.</p> <p>To demonstrate that Provider IT Systems meet RFFR requirements, the Department requires Providers to follow the RFFR approach. The RFFR approach requires Providers to complete a set of milestones within a prescribed time period. At each milestone, Providers check in with the Department to review progress, assess risk and provide guidance on meeting the RFFR requirements.</p> <p>The milestones are designed to allow Providers to assess their organisation’s level of cyber security measures in place and implement any improvements identified at the same time as gaining a customised ISMS that conforms with ISO 27001.</p> <p>The RFFR approach forms part of the ESAF.</p> |
| <b>Risk Assessment</b>            | As relevant, an Activity Risk Assessment and/or a Participant Risk Assessment  |



| Key Term                          | Description   |
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| <b>Self-Employment Assistance</b> | <p>Self-Employment Assistance is a Complementary Program, administered by the Department, which provides eligible Participants with a broad range of services that help them to start and run a small business.</p> <p>There are 6 core Self-Employment Assistance Services delivered by Self-Employment Assistance Providers.</p> <ol style="list-style-type: none"> <li>6. <b>Exploring Self-Employment Workshops</b> that help Participants learn about small business, help them generate and validate a business idea, and decide whether self-employment is a good fit for them. These workshops are delivered over 25 hours and are generally conducted over the course of one week.</li> <li>7. <b>Small Business Training</b> that provides Participants with access to free accredited small business training. This training may range from accessing a skillset through to a full Certificate IV qualification.</li> <li>8. <b>Business plan</b> advice and assessment that helps Participants to develop a viable business plan and gauge the viability of their business idea.</li> <li>9. <b>Small Business Coaching</b> that provide Participants with up to 12 months of business mentoring and support and, for those who are eligible, an allowance for up to 39 weeks and rental assistance for up to 26 weeks.</li> <li>10. <b>Business health checks</b> that help business owners to identify opportunities to further develop their business to ensure they remain viable.</li> <li>11. <b>Business advice sessions</b> that provide eligible Participants with flexible advice and support on a range of small business-related issues.</li> </ol> <p>Participants are given the flexibility to access the elements of the program most relevant to their needs and, subject to eligibility requirements, may access any of the above services in any order.</p> |
| <b>Self-help Facilities</b>       | <p>Personal computers or similar devices with broadband internet connectivity, printers and other sundry equipment and local area wireless technology that allows an electronic device to exchange data or connect to the Internet (i.e. Wi-Fi access) at no charge to Participants in accordance with any specifications that may be Notified by the Department from time to time and any Guidelines.</p>  |
| <b>Service Guarantee</b>          | <p>A set of minimum service standards for Workforce Australia Services as specified in Attachment 3 of the Workforce Australia Services Deed</p>  |
| <b>Services</b>                   | <ol style="list-style-type: none"> <li>(a) Workforce Australia Services;</li> <li>(b) any additional services to be provided by the Provider under clause 25; and</li> <li>(c) any other services reasonably related or required to be provided by the Provider for the proper provision of the Services under the Workforce Australia Services Deed.</li> </ol>  |
| <b>Site</b>                       | <p>A physical location in an Employment Region specified in of Schedule 1 to any Head Licence.</p>  |

| Key Term  | Description   |
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| <b>Skills for Education and Employment or SEE</b> | <p>The SEE program provides accredited training in English language, reading, writing, maths and digital skills, to prepare Participants for employment or further study. The program addresses the foundation skill gaps that make job seekers unsuitable for many jobs and prevent their successful engagement in training for a specific occupation. After exiting the SEE program, over half the Participants surveyed through post program monitoring reported they were in employment or education in 3 months.</p> <p>SEE training can focus on language and literacy only, for example a Certificate in Spoken and Written English, or be embedded in contextualised, real-world learning, such as Childcare or Aged Care courses. SEE can be delivered in classroom settings, remotely via distance learning, or using a combination of both. Participants have flexibility to undertake individual building blocks of a course where they focus on specific skill sets, or to work toward a recognised qualification up to Certificate III level (if LLND skills are embedded in the training). Training is tailored to meet a Participant's needs and goals and can be undertaken either part-time or full-time.</p> |
| <b>Social Security Law</b>                        | The Social Security Act 1991 (Cth) and the Social Security (Administration) Act 1999 (Cth), and includes all relevant subordinate legislation and instruments, and the Guide to Social Security Law.  |
| <b>Source</b>                                     | The act of identifying and securing a Work for the Dole Place by providing or arranging the same.   |
| <b>Specialist Provider</b>                        | <p>(a) a Workforce Australia Employment Services Provider licensed to deliver Workforce Australia Services to a Specialist Service Group; and</p> <p>(b) regarding a particular Site, the Provider if the Provider is identified as a Specialist Provider in Schedule 1 to any Head Licence in relation to any Licence applying to that Site.</p>   |
| <b>Specialist Service Group</b>                   | <ul style="list-style-type: none"> <li>• a particular cohort(s) of Participants, such as Participants who are Indigenous, culturally and linguistically diverse (CALD), refugees and/or ex-offenders; and</li> <li>• regarding a particular Site, any group identified as a Specialist Service Group in item of Schedule 1 to any Head Licence in relation to any Licence applying to that Site.</li> </ul>   |
| <b>Specified Activity</b>                         | <ol style="list-style-type: none"> <li>12. A Work for the Dole Placement,</li> <li>13. Work for the Dole Project,</li> <li>14. Observational Work Experience Placement,</li> <li>15. Launch into Work Placement,</li> <li>16. Local Jobs Program Activity (if arranged by the Provider),</li> <li>17. Provider Sourced Voluntary Work, and</li> <li>18. Any other Activity specified as such in any Guidelines.</li> </ol>  |

| Key Term                                     | Description  |
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| <b>Structural Adjustment Program or SAPs</b> | <p>SAPs are implemented in exceptional circumstances and provide recently retrenched workers and their partners (Participants) from eligible companies or industries with direct access to employment support services to assist them to find new employment. <b>There are no SAPs open for new registrations.</b></p> <p>However, Providers may have Participants on their caseload who were registered under a previous SAP. This may include Participants registered under the:</p> <ol style="list-style-type: none"> <li>19. ASC Shipbuilding SAP</li> <li>20. Automotive Industry SAP</li> <li>21. BlueScope Steel 2015 SAP</li> <li>22. Alinta Energy SAP</li> <li>23. Queensland Nickel SAP</li> <li>24. Arrium (OneSteel) SAP</li> <li>25. Caterpillar SAP</li> <li>26. Hazelwood SAP</li> </ol> <p>In these cases, the Participant's record in the Department's IT Systems will display a Special Placement Flag indicating their SAP.</p> |
| <b>Supervisor</b>                            | <p>An individual who has the responsibility for the Supervision of Participants engaged in an Activity. Supervisors may be engaged/employed by the Provider or a Subcontractor to supervise Activities (including Specified Activities or any other activities arranged by the Provider), or may be engaged/employed by Host Organisations to supervise Activities that they provide. Launch into Work Organisations, LJP Activity Hosts, Workforce Australia - Workforce Specialists, CTA Providers and EST Providers are responsible for organising Supervision in relation to Activities they provide and for conducting relevant checks on their Personnel and Supervisors prior to their involvement.</p>   |
| <b>Suspension</b>                            | <p>A period of time of that name as specified in the Department's IT Systems, during which a Participant is not obliged to participate in Workforce Australia Services.</p>  |
| <b>Targeted Compliance Framework or TCF</b>  | <p>The legislative framework designed to ensure that only those job seekers who persistently commit Mutual Obligation Failures without a Valid Reason or Reasonable Excuse incur financial penalties while providing protections for the most vulnerable.</p> <p>It is designed to encourage job seekers to engage with their employment services provider, take personal responsibility for managing and meeting their Mutual Obligation Requirements, actively look for work and improve their employment prospects. The TCF comprises three zones: the Green Zone, the Warning Zone and the Penalty Zone.</p>   |
| <b>Transition to Work Service or TtW</b>     | <p>Workforce Australia - Transition to Work (TtW) is a time limited employment service that supports disadvantaged young people at risk of long-term unemployment. TtW assists young people to develop practical skills to get a job or connect with education or training.</p>  |

| Key Term                                       | Description   |
|--|---|
| <b>Time to Work Employment Service or TWES</b> | <p>The Time to Work Employment Service is a national voluntary in-prison employment service for Aboriginal and Torres Strait Islander peoples.</p> <p>The Time to Work Employment Service assists adult, sentenced Aboriginal and Torres Strait Islander prisoners to access the support they need to better prepare them to find employment and reintegrate into the community upon their release from prison.</p> <p>The Department has contracted providers to deliver the service in 65 non-remote prisons while the servicing of eight remote prisons is managed by the National Indigenous Australians Agency. Services are available in all states and territories across Australia.</p> |
| <b>Vacancy</b>                                 | <p>(a) a vacant position for:</p> <ul style="list-style-type: none"> <li>(i) paid Employment with an Employer; or</li> <li>(ii) Unsubsidised Self-Employment; or</li> </ul> <p>(b) Pre-existing Employment, that is not Unsuitable.</p>   |
| <b>Voluntary Work</b>                          | <p>Provider Sourced Voluntary Work placements and Participant Sourced Voluntary Work aim to develop Participants' skills and experience with a not-for-profit community organisation.</p> <p>All job seekers aged 15 and over are eligible to undertake Voluntary Work provided it is suitable and safe</p>   |
| <b>Vulnerable People</b>                       | <p>Vulnerable people include:</p> <ul style="list-style-type: none"> <li>• children (under 18 years of age)</li> <li>• vulnerable youth</li> <li>• the elderly</li> <li>• homeless people</li> <li>• people with disability</li> <li>• people with mental illness</li> <li>• people who do not speak English</li> <li>• refuge residents</li> <li>• any other people that the Provider or the Department identifies as vulnerable</li> </ul>  |
| <b>Wage Subsidy</b>                            | <p>Wage Subsidies are a financial incentive Providers can offer to eligible Employers to encourage them to hire eligible Participants in ongoing jobs by contributing to the initial costs of hiring a new employee. Wage Subsidies can help to build a business and give Employers flexibility in their hiring options.</p> <p>There are 2 Wage Subsidy types available:</p> <ul style="list-style-type: none"> <li>27. the Youth Bonus Wage Subsidy, funded from a demand-driven pool, and</li> <li>28. the Workforce Australia Services Wage Subsidy (WASWS), funded through the Employment Fund.</li> </ul>   |

| Key Term  | Description   |
|---|---|
| <b>WHS Laws</b>   | the WHS Act, WHS Regulations and all relevant state and territory work, health and safety legislation.  |
| <b>Work for the Dole or WfD</b>                         | <p>Work for the Dole is designed to help Participants gain the skills, experience and confidence needed to move from welfare to work. It provides a valuable opportunity for Participants to develop skills through training and demonstrate their capabilities and positive work behaviours. This will stand Participants in good stead with potential employers while at the same time making a positive contribution to the local community.</p> <p>Work for the Dole may be undertaken by eligible Participants as a voluntary activity at any time. It is also the Mandatory Activity where an eligible Participant with Mutual Obligation Requirements has not satisfied their activation requirement and does not undertake an alternate activity when they reach their activation point. Participants may have their first Mandatory Activity Requirement at 3 months Period of Service following at least 12 months in Workforce Australia Online (Full Online Services), or at 6 months Period of Service for any other Participants, with future requirements every 6 months. Refer to the Activation and Mandatory Activity Requirements section for further information.</p> |
| <b>Work for the Dole Placement</b>                      | A Work for the Dole activity designed for one or more individual Participants within an existing function of the Host Organisation.   |
| <b>Work for the Dole Project</b>                        | <p>A Work for the Dole activity designed for more than one Participant, which involves carrying out tasks as part of a specific community project developed for the purpose of providing a work-like experience for a group of Participants and the delivery of a benefit to the community.</p> <p><b>Note:</b> Work for the Dole Projects will be available from 4 October 2022.</p>   |
| <b>Workforce Australia Employment Services Provider</b> | Any entity contracted by the Commonwealth to provide services under the Workforce Australia Services Deed of Standing Offer 2022 - 2028.  |
| <b>Workforce Australia Online</b>                       | Services provided by the Department through a digital employment services platform and the Digital Services Contact Centre.   |
| <b>Workforce Australia Services Participant</b>         | A Participant who is identified as a Workforce Australia Services Participant in the Department's IT Systems.   |
| <b>Workforce Australia - Workforce Specialist</b>       | <p>A panel of Workforce Specialists will deliver a range of Workforce Specialist Projects to meet the workforce needs of identified industries and occupations, connecting them to suitable Participants in Workforce Australia Online, Workforce Australia Services and Workforce Australia – Transition to Work.</p> <p>Projects may support job seekers to identify, access and engage with:</p> <ol style="list-style-type: none"> <li>29. labour market opportunities within these industries</li> <li>30. the skills and training pathways to connect with these opportunities</li> <li>31. potential areas for career progression, and/or</li> <li>32. the support available to prepare for and take up these employment opportunities.</li> </ol>   |
| <b>Working With Children Check or WWCC</b>              | The process specified in, or pursuant to, relevant Working with Children Laws to screen an individual for fitness to work with Children.  |

| Key Term                          | Description   |
|-----------------------------------|---|
| <b>Working with Children Laws</b> | <p>The:</p> <ul style="list-style-type: none"> <li>(a) Child Protection (Working with Children) Act 2012 (NSW);</li> <li>(b) Working with Children (Risk Management and Screening) Act 2000 (Qld);</li> <li>(c) Working with Children (Criminal Record Checking) Act 2004 (WA);</li> <li>(d) Worker Screening Act 2020 (Vic);</li> <li>(e) Child Safety (Prohibited Persons) Act 2016 (SA);</li> <li>(f) Working with Vulnerable People (Background Checking) Act 2011 (ACT);</li> <li>(g) Care and Protection of Children Act 2007 (NT);</li> <li>(h) Registration to Work with Vulnerable People Act 2013 (Tas); and</li> <li>(i) any other legislation that provides for the checking and clearance of people who work with Children.</li> </ul> |

## Records Management

Records means documents, information and data stored by any means and all copies and extracts of the same. Records includes 3 categories:

**Table 18: Record category**

| Record category             | Description  |
|-----------------------------|--|
| <b>Commonwealth Records</b> | any Records<br>(a) provided by the Department to CABs for the purposes of the relevant Quality Auditor Deed and<br>(b) copied or derived from Records referred to in in (a).   |
| <b>Deed Records</b>         | all Records:<br>(a) developed or created or required to be developed or created as part of or for the purpose of performing the Quality Auditor Deed;<br>(b) incorporated in, supplied or required to be supplied along with the Records referred to in paragraph (a) above; or<br>(c) copied or derived from Records referred to in paragraphs (a) or (b); and<br>(d) includes all reports. |
| <b>CAB Records</b>          | all Records, except Commonwealth Records, in existence prior to the Quality Auditor Deed Commencement Date:<br>(a) incorporated in;<br>(b) supplied with, or as part of; or<br>(c) required to be supplied with, or as part of, the Quality Auditor Deed Records.  |

To the extent that Records contain personal information for the purposes of the Privacy Act, CABs must also take reasonable steps to ensure that the personal information that the CAB:

- collects is accurate, up-to-date and complete, and
- uses or discloses is, having regard to the purpose of the use or disclosure, accurate, up-to-date, complete and relevant.

### General Records Authority 40

The General Records Authority 40 (GRA 40) sets out the requirements for the transfer of custody of Commonwealth Records to contractors providing services under outsourcing arrangements, either on behalf of or to the Australian Government. The GRA 40 provides that, notwithstanding custody of Records that temporarily resides with the CAB, ownership of the relevant records remain with the Australian Government. Further information on relevant application and conditions of the GRA 40 is provided on the [NAA website](#).

### Management of Records

In accordance with the "digital by default" approach set out in the Australian Government's Building Trust in the Public Record: managing information and data for government and community policy (effective 1 January 2021), CABs must, wherever possible and consistent with the Quality Auditor Deed and other applicable legal requirements, create and manage Records in a digital format.

CABs must ensure that any digital Record is created, stored and operated in accordance with the Quality Auditor Deed requirements (particularly the requirements in relation to CAB IT Systems and other applicable legislative provisions, including the Electronic Transactions Act 1999 (Cth).

Digital Records containing sensitive information as defined in the Privacy Act must be kept securely. The Office of Australian Information Commissioner (OAIC) website provides information on keeping personal identifying information secure.

The CAB must ensure that its:

- Personnel and Subcontractors do not access, copy, disclose or use any Record containing any information about any participant in any employment services program unless such access, copying, disclosure or use is for the purpose of otherwise complying with the Quality Auditor Deed, and
- Third Party IT Vendors do not access, copy, disclose or use any electronic Record unless such access, copying, disclosure or use is for the purpose of assisting the CAB to comply with the relevant Quality Auditor Deed.

## Storage requirements

The CAB must store all Records in accordance with this document, the Department's Security Policies, and where relevant, its Privacy Act obligations.

CABs must store Records securely either on their own premises or off-site using a records storage facility in compliance with legislation covering the management of Commonwealth/ Quality Auditor Deed Records, including the Privacy Act.

For Records that contain personal information for the purposes of the Privacy Act, in accordance with Australian Privacy Principle 11 as set out in Schedule 1 of the Privacy Act, the CAB must take such steps that are reasonable in the circumstances to protect the information from misuse, interference and loss, and from unauthorised access, modification or disclosure. The guide to securing personal information can be found on the [OAIC website](#) and provides guidance on the reasonable steps entities are required to take under the Privacy Act to protect the Personal Information they hold from misuse, interference, loss, and from unauthorised access, modification or disclosure.

CABs must ensure that the Department can access Records by retrieving the Record (including, if stored digitally, by retrieving the digital copy and if relevant printing it) and providing it to the Department upon request.

CABs are required to store digital Records and ensure that the IT system used

- is not accessible from outside of Australia, and that no data in relation to the Quality Principles Audits is transferred or stored outside of Australia, without prior written approval from the Department; and
- that any and all Records held in the IT System relating directly or indirectly to the Quality Principles Audits can be, and are, provided on request to the Department and in an unadulterated form (i.e. with no amendments or transformations to the Records or their data structures).

General advice on the management and storage of Records is available on the [NAA website](#).

CABs must ensure physical Records are protected from:

- storage environment damage (e.g. for paper Records, damp from a cement floor or fire damage)
- unauthorised addition, alteration, removal or destruction
- use outside the terms of the relevant Quality Auditor Deed
- for Records containing Personal Information, incidents of privacy, and
- unauthorised access including inappropriate 'browsing' of Records
- Physical Records containing sensitive information, as defined in the Privacy Act, must be kept in lockable cabinets.

## Control of Records

CABs must be able to locate and retrieve Records about a Provider they have undertaken a Quality Principles Audit on if requested. CABs must inform the relevant Departmental representative if they become party to legal action in relation to their previous or current delivery of Quality Principles Audits, so that arrangements for the appropriate retention of Records can be organised. CABs must store Records in such a way that all Records relevant to a request under the [Freedom of Information Act 1982 \(Cth\)](#) (the FOI Act) are able to be located and retrieved efficiently. This includes being able to retrieve email Records and Records created by, or sent to, individuals who have ceased working for the CAB.



## Records Register

The CAB must maintain an up-to-date register of the Records (digital and physical) held by the CAB and any Third Party IT Vendor and make this register available to the Department upon request. The register should contain sufficient information to clearly identify the content and location of a Record.

The Records register must be created and managed in a digital format (ideally Microsoft Excel or equivalent or a comma or tab limited format) that the Department's IT Systems can read. CABs may wish to identify on the Records register whether Records are:

- Priority – pertaining to current or pending legal action
- Active – current Providers
- Inactive – former Providers
- Damaged – e.g. paper Record affected by water
- Destroyed (whether authorised or accidental) – e.g. paper Record burnt
- Transferred – CAB Record transferred to another CAB
- Returned – have been returned to the Department.

## Movement of Records

The CAB must not, and must ensure that its employees and contractors do not:

- remove any Records relating to the Quality Principles Audit, or allow any Records relating to the Quality Principles Audits to be removed, from the CAB's premises, except to the extent necessary to enable the delivery of the Quality Principles Audits, or
- take, transfer, transmit or disclose any Records relating to the Quality Principles Audits, or allow any Records relating to the Quality Principles Audits to be taken, transferred, transmitted, accessed or disclosed, outside of Australia

without the Department's prior written consent.

Further, the obligation set out above applies in respect of taking, transferring, transmitting, accessing or otherwise disclosing any Records relating to the Quality Principles outside of Australia by the CAB:

- within the CAB's own organisation, and
- to any third party, including to any Subcontractor.

CABs must only transfer the Records in accordance with this Guidance or as otherwise directed by the Department.

## Transfer of Records

### Transfer between CABs

Records (digital or physical) must only be transferred between CABs in accordance with the relevant Quality Auditor Deed and this Guidance, and where it is required to continue providing Audits to Providers. Records must be transferred securely by CABs, as soon as possible or within 28 Business Days of a request to transfer Records. A list of all Records being transferred should be provided to the receiving CAB.

When a CAB is transferring Records between its Sites, to another CAB, for storage or secure destruction or to the Department, it remains the CAB's responsibility to ensure the Records are secure during the transfer process.

## Return of Records

Records must be returned to the Department within 28 Business Days, if requested by the Department, unless specified otherwise or the retention period has lapsed.

### Return of Digital Records

CABs creating digital Records must use a format that is acceptable under the Archives Act 1983 (Cth) (the Archives Act) and that will allow the Department to read the Records if returned to the Department in the future.

Secure File Transfer Protocol (SFTP) is the Department's preferred method of transferring files on the internet or any Transmission Control Protocol/Internet Protocol network, particularly when handling large numbers of files and large files, with external parties.

### **Return of Physical Records**

CABs must obtain the Department's approval prior to returning any physical Records to the Department.

### **CABs' Access to Returned Records**

Where a CAB requires access to a Record that has been returned to the Department, the CAB must write to the relevant Department representative with the details and purpose of the request for the Department's consideration.

Where Records have been returned to the Department and a CAB receives an order to produce documents included as part of the returned Records, such as a subpoena, the CAB may contact the relevant Department representative. In these circumstances, the CAB may also seek their own independent legal advice.

## **Data Migration**

Data migration is the process of transferring data from one application or format to another. It may be required when implementing of a new application, which may require data to be moved from an incompatible proprietary data format to a format that is futureproof and can be integrated with new applications.

CABs must ensure that any migration activities include validation of the migrated data quality to ensure that no data is lost, and the data continues to be fit for the intended purpose.

When migrating information CABs must ensure:

- the migration is planned, documented and managed
- pre and post migration testing proves that authentic, complete, accessible and useable records can and have been migrated
- source records are kept for an appropriate length of time after the migration to enable confirmation that the migration has been successful. Determination of the specific retention period must be based on an organisational risk assessment

This advice is in line with the Archives Act and Archives Regulations. However, if future processes include destroying source records, it is recommended that consultation with legal counsel be conducted to ensure that there is no legal requirement to maintain them.

A successful migration demonstrates that the migrated business information is at least functionally equivalent to the source record for business, legal and archival purposes. General Records Authority 31 permits the destruction of information and records after they have been successfully migrated from one system to another.

CABs must note that the information transferred to the Department will be imported into the Department's official recordkeeping system and appropriate classification will be applied at the time of import.

### **Data Security Considerations**

CABs should be conscious of the following security considerations:

- ensure that those who access sensitive or security classified information have an appropriate security clearance if information is classified, and a need to know that information
- access to (including remote access) to supporting ICT systems, networks, infrastructure and applications is controlled
- information in systems should be continuously safeguarded from cyber threats
- administrative privileges such as logon and administrator privileges should be restricted.

### **Decommissioning of Systems**

When decommissioning any systems CABs should ensure that they have considered the value of the business information and any ongoing need to access it. If the information is no longer required, the CAB will need authorisation to legally destroy that information.

The NAA provides authorisation to destroy Australian Government business information in the form of records authorities.

Digital preservation requires a proactive program to identify records at risk and take necessary action to ensure their ongoing viability. To achieve this, the CABs must consider the lifecycle of the information versus the lifecycle of the system and have plans in place to preserve information as needed. Regular and planned migration helps avoid obsolescence and ensures information continues to be accessible and useable.

## Breaches and Inappropriate Handling of Records

### Reporting Requirements

CABs must report all incidents involving unauthorised access, damaged, destroyed, lost or stolen Records to the Department. Where the Records contain or possibly contain personal information of Providers and/or Participants, CABs must follow the Privacy incident reporting process set out in the Notifiable Data Breaches Scheme section of this document.

### Rectification Requirements

For all incidents involving the misuse, interference, loss, unauthorised access, unauthorised use, unauthorised disclosure, damage, destruction, loss or stealing of Records (digital or physical), CABs must:

- immediately make every effort to recover lost or damaged Records (e.g. retrieving or photocopying Records), including if required, arranging and paying for the services of expert contractors (e.g. disaster recovery or professional drying services)
- not destroy damaged Records without prior authorisation from the Department
- inform Providers if any Personal Information has been lost or is at risk of being publicly available
- where relevant and, if necessary, reinterview Providers to recollect information review relevant policies and procedures to ensure their adequacy in future
- the Department may make recommendations to the CAB to mitigate the risk of recurrence of the incident.

### Notifiable Data Breaches Scheme

All CABs, and the organisations or agencies they share information with, must comply with the requirements of the Notifiable Data Breaches (NDB) scheme in the event of an 'eligible data breach' involving Personal Information.

Information about the NDB scheme and guidance for undertaking an assessment of a privacy incident are available on the OAIC website.

CABs are required under the Notifiable Data Breach scheme to notify affected individuals and the OAIC about eligible data breaches.

An eligible data breach occurs when:

- there is unauthorised access to, or disclosure of, personal information held by an entity, or information is lost in circumstances where unauthorised access or disclosure is likely to occur
- this is likely to result in serious harm to any of the individuals to whom the information relates, and
- the entity has been unable to prevent the likely risk of serious harm with remedial action.

The CAB must Notify the Department as soon as possible following becoming aware of any unauthorised access to, use or disclosure of, personal information, or a loss of personal information the CAB holds using the CAB Privacy Incident Report (PIR) template. This applies to all privacy incidents, whether or not they are an eligible data breach. A copy of the CAB PIR template is available on the GovTEAMS Quality Auditor community.

CABs must promptly assess all potential privacy incidents to determine whether an eligible data breach has occurred and, if required, notification is to be provided to affected individuals and to the OAIC. CABs must take all reasonable steps to ensure that this assessment is completed within 30 calendar days of becoming reasonably aware of an eligible data breach. By responding quickly, a CAB can substantially decrease the impact on affected individuals, and reduce the costs associated with dealing with the privacy incident, including reputational costs. The CAB must also provide the Department with a copy of any notification of an eligible data breach made to OAIC and any subsequent correspondence with OAIC.

CABs should refer to the OAIC website for information on the Notifiable Data Breach scheme.

The CAB must also immediately Notify the Department if it becomes aware:

- of a breach or possible breach of any of the obligations contained in, or referred to in the Deed(s) by any Personnel or Subcontractor
- that a disclosure of personal information may be required by law, or
- of an approach to the CAB by the Information Commissioner or by an individual claiming that their privacy has been interfered with.

#### Note

If the CAB identifies a potential privacy incident at a Provider's site during an Audit they should advise the Department.

## Retention of Records

All Records must be retained by the CAB for a period of no less than 6 years after the creation of the Record, unless otherwise specified in this document or advised by the Department.

Records with a longer retention period should be maintained by the CAB until they no longer require them and then be returned to the Department for ongoing management. Records in storage arrangements that are retrieved should be converted to digital format and the source record destroyed.

CABs have the discretion to retain Records longer than the minimum periods outlined but must not destroy Records prior to the expiration of the relevant retention periods. In addition, the Department may direct some Records be retained for longer periods, for example, in the case of Records required in any legal action.

The Department may impose special conditions on a CAB in relation to retention of Records at the Department's absolute discretion. This may include imposing extended record retention periods on CABs.

CABs must review Records that have reached the minimum retention period before destroying them in accordance with these Records Management Instructions.

If a relevant Record has reached the required minimum retention period but, for example, the CAB has knowledge of a legal action or potential legal action, the CAB must re-sentence the Record and inform the relevant Department representative. Sentencing is the process for identifying the minimum retention period for a Record by assessing them against the classes specified in the relevant Records Authority.

At the Completion Date, the CAB must manage all Records in accordance with these Records Management Instructions or as otherwise directed by the Department.

Retention periods are determined with reference to NAA accredited records authorities.

### Digital Records

Where a Third Party IT Vendor is in possession of Records as a result of assisting a CAB to undertake Quality Principles Audits under the relevant Quality Auditor Deed, the Third Party IT Vendor may only dispose of those Records in accordance with Records Retention Periods with prior agreement of the CAB.

For purposes of determining the applicable retention period, a scanned version of a paper Record would have the same creation date as the original source document.

## Disposal of Records

The CAB must:

- not destroy or otherwise dispose of Records, except in accordance with the Quality Auditor Deed, this document, or as otherwise directed by the Department, and
- provide a list to the Department of any Records that have been destroyed, as directed by the Department.

Records must not be destroyed where the CAB is aware of current or potential legal action or where the records are subject to a Disposal Freeze or Retention Notice issued by the NAA, even if the minimum retention period has been reached. These Records are priority Records and must be retained in accordance with requirements set out for priority Records in Control of Records section. A CAB must also comply with any

direction from the Department not to destroy Records. CABs must only destroy Records that have reached the minimum retention period and following the review process outlined in Retention of Records section.

CABs must maintain a list of destroyed Records which must be supplied to the Department upon request. This list must also be retained by the CAB in accordance with the applicable retention period or as directed by the Department. Refer to Retention of Records section for information on retention periods.

## Methods of destroying Records

When CABs destroy Records, they must use a method that ensures the information is no longer readable and cannot be retrieved.

### Digital Records

It is the CAB's responsibility to ensure all digital Records are identified and removed from their systems and destroyed. Methods of destroying digital Records include:

- file shredding
- degaussing – the process of demagnetising magnetic media to erase recorded data
- physical Destruction of storage media – such as pulverisation, incineration or shredding
- reformatting – if it can be guaranteed the process cannot be reversed.

To ensure the complete Destruction of a digital Record, all copies should be found and destroyed. This includes removing and destroying copies contained in system backups and off-site storage.

Deletion is not destruction and does not meet the requirements for Destruction of Australian Government Records. When digital Records are deleted it is only the pointer to the Record (such as the file name and directory path) that is deleted. The actual data objects are gradually overwritten in time by new data. However, until the data is completely overwritten, there remains a possibility that the information can be retrieved.

### Physical Records

CABs must ensure physical Records are destroyed using one of the following methods:

- pulping – transforming used paper into a moist, slightly cohering mass.
- burning – in accordance with relevant environmental protection restrictions and
- shredding – using crosscut shredders (using either A or B class shredders).

If Destruction of physical Records is undertaken at an off-site facility, then a certificate of destruction including details of the Records destroyed and appropriate authorisation must be obtained and retained by the CAB

## General Records Authority 30

Records may be damaged beyond repair because of a disaster, emergency, or other unforeseen circumstance, as defined in [GRA 30](#).

If a CAB considers that a Record or Records have been damaged in line with GRA 30, it must not destroy the Record(s) unless and until the Department provides written authority for the destruction of the Record(s). CABs must notify the Department as soon as possible following the Record(s) being damaged, providing at a minimum:

- photographic evidence of the damaged Record(s)
- do any of the damaged Record(s) need to be retained permanently
- information about the circumstances causing the damage, including whether:
  - the Record(s) in their damaged state pose a health hazard, and
  - any Record(s) were able to be retrieved following the circumstances causing the damage and if so, how this retrieval will be managed
- information about the Record(s), including:
  - the number affected, or for approximate numbers information about how this number was determined,
  - their content,
  - their classification, and
  - whether they had been digitised
- information about how the damaged Record(s) are proposed to be destroyed, and

- any other information the CAB considers relevant to a request to destroy the Record(s)

### **General Records Authority 31**

Records as defined in the Quality Auditor Deed are Commonwealth records for the purposes of the Archives Act.

Subject to certain exclusions and conditions, the NAA provides permission for the destruction of Commonwealth Records created on or after 1 January 1980 under General Records Authority 31 -Destruction of source or original records after digitisation, conversion or Migration (GRA 31) where those Records have been converted from hard copy to digital form.

CABs as 'authorised agents' of the Department, must comply with the requirements of GRA 31.

CABs must retain the original copy of a paper Record for the relevant retention period and return it to the Department in accordance with these Records management Instructions, regardless of whether it has also been converted to digital form, if required to do so under relevant Quality Auditor Deed/s, Guidance under the relevant Quality Auditor Deed or if directed by the Department. Further explanation of the relevant conditions and exclusions for [GRA 31](#) is available on NAA website.

### **Destruction of Duplicate Records**

#### ***Digital Records***

Duplicate digital records are to be destroyed in accordance with Methods of Destroying digital Records section.

#### ***Physical Records***

CABs must only destroy duplicate paper records in accordance with [NAA guidelines](#).

## Attachment A – Workforce Australia Quality Principles

| Principle 1: Governance  |  |  |
|--|--|--|
| Key Performance Measure  | Practice Requirement   | Evidence Requirement   |
| <b>1.1 The Provider has appropriate policies and processes in place that manage operational and strategic risks for the delivery of Services, including disaster recovery.</b> | 1.1.1 The Provider has corporate governance arrangements in place, for the delivery of Services, that manage risk.       | The Provider has a current risk management framework that is applied to the delivery of Services which includes: <ul style="list-style-type: none"> <li>(a) organisational and Site risk management plans</li> <li>(b) processes for identifying and managing risks, including incident management and disaster recovery plans</li> <li>(c) processes for scheduled regular reviews of all risk management plans.</li> </ul> |
|  | 1.1.2 The Provider has corporate governance arrangements in place, for the delivery of Services, that manage fraud.      | The Provider has a current fraud control plan that is applied to the delivery of Services which includes: <ul style="list-style-type: none"> <li>(a) processes for Personnel to notify management of potential fraud (internal and external)</li> <li>(b) the Department's tip-off line contact details.</li> </ul>  |
|  | 1.1.3 The Provider has corporate governance arrangements in place, for the delivery of Services, that manage IT systems. | The Provider has: <ul style="list-style-type: none"> <li>(a) a current plan that includes processes for identifying and managing IT systems fraud risks</li> <li>(b) policies and processes in place for ongoing compliance with the Deed in relation to access and information security, including Right Fit for Risk.</li> </ul>   |

## Principle 2: Leadership

| Key Performance Measure   | Practice Requirement  | Evidence Requirement   |
|---|---|--|
| <b>2.1 All Personnel understand the design and operational elements of the Provider’s model for the delivery of Services and how this relates to the purpose of Workforce Australia Services.</b> | 2.1.1 The Provider’s model for the delivery of Services is communicated with its Personnel, and the model is followed and upheld by the Provider and its Personnel. | The Provider has current processes in place to ensure that its Personnel: <ul style="list-style-type: none"> <li>(a) are aware of and follow the model for delivery of Services</li> <li>(b) facilitate the use of self-help resources for Participants</li> <li>(c) support Participants in accordance with the objectives of the Services and the requirements of the Deed.</li> </ul>   |
|   | 2.1.2 The Provider’s Code of Conduct is promoted and upheld by the Provider and its Personnel.  | The Provider has a current Code of Conduct that is applied to the delivery of Services, and it includes: <ul style="list-style-type: none"> <li>(a) a set of values outlining Personnel expectations relating to how they deal with Participants</li> <li>(b) a requirement that Personnel act in good faith and in a manner that maintains a positive reputation for the Services</li> <li>(c) a requirement for regular scheduled reviews of Personnel awareness of Code of Conduct Requirements.</li> </ul> |



### Principle 3: Personnel

| Key Performance Measure  | Practice Requirement  | Evidence Requirement  |
|--|---|---|
| <b>3.1 The Provider has a structured approach to the employment, development, and performance management of its Personnel.</b> | 3.1.1 The Provider has policies and processes to ensure that it employs Personnel with the appropriate skills and abilities to assist Participants. | The Provider has policies and processes in place that ensure: <ul style="list-style-type: none"> <li>(a) people with suitable skills and abilities are employed to deliver Services</li> <li>(b) Personnel delivering Services have obtained and maintain any required police checks and checks for working with vulnerable people (as required by relevant legislation).</li> </ul>  |
|  | 3.1.2 The Provider has Personnel training and development policies and processes in place.  | The Provider has current policies and processes in place that ensure: <ul style="list-style-type: none"> <li>(a) the Personnel induction outlines what is required in relation to the delivery of Services</li> <li>(b) Personnel training and development assists in the effective delivery of Services</li> <li>(c) Personnel undertake all training mandated by the Department, and in accordance with the Deed and Guidelines</li> <li>(d) Personnel are aware of the powers and functions that have been delegated to them under Social Security Legislation</li> <li>(e) regular Personnel performance reviews take place.</li> </ul> |
|  | 3.1.3 The Provider has policies and processes that assure the cultural competence of its Personnel in dealing with Participants                     | The Provider has policies and process in place that ensure Personnel: <ul style="list-style-type: none"> <li>(a) receive training to enable them to provide culturally appropriate Services</li> <li>(b) can identify where interpreting services for Participants are required and can easily access interpreting services for these Participants.</li> </ul>  |

## Principle 4: Participants

| Key Performance Measure   | Practice Requirement   | Evidence Requirement   |
|---|--|--|
| <b>4.1 The Provider has strategies in place that result in effective engagement with Participants.</b>  | 4.1.1 The Provider has communication policies and processes in place to engage with Participants.  | The Provider has communication policies and processes in place for engaging with Participants that: <ul style="list-style-type: none"> <li>(a) include a variety of communication methods</li> <li>(b) include options for Participants with communication barriers</li> <li>(c) align with the Service Guarantee.</li> </ul>  |
|   | 4.1.2 The Provider regularly reviews its Caseload to ensure Participant engagement.  | The Provider has policies and processes in place that ensure: <ul style="list-style-type: none"> <li>(a) there is regular Caseload monitoring conducted across Sites and emerging issues are addressed</li> <li>(b) Participants are commenced quickly after the date of Referral</li> <li>(c) Participants are commenced quickly into Activities and remain involved in the Activity for its duration</li> <li>(d) engagement with Participants is maintained to assist them to remain in employment for the length of the Employment Outcome period</li> <li>(e) Participants are recommenced quickly following a Suspension, Exemption period, or where they fall out of employment.</li> </ul> |
| <b>4.2 Services are delivered to Participants that assist them to become work ready and gain sustainable Employment, in line with individual program eligibility.</b> | 4.2.1 The Provider delivers Services in line with the Service Guarantee and the Joint Charter.   | The Provider has policies and processes in place that: <ul style="list-style-type: none"> <li>(a) reflect the expectations outlined in the Service Guarantee and Joint Charter</li> <li>(b) ensure Personnel are aware of the obligations outlined in the Service Guarantee and appropriately apply them to individual Participants</li> <li>(c) ensure Participants are made aware of the minimum level of service they can expect and what is expected of them as outlined in the Service Guarantee.</li> </ul>  |
|   | 4.2.2 Provider Personnel understand the eligibility criteria for individual employment Services and programs and can identify the compliance requirements for individual Participants. | The Provider has policies and processes in place that ensure its Personnel: <ul style="list-style-type: none"> <li>(a) are aware of eligibility for individual employment Services and programs</li> <li>(b) can identify the varying circumstances and Mutual Obligation Requirements of individual Participants</li> <li>(c) are aware of and support Participants to manage their participation and reporting through the Points Based Activation System (PBAS).</li> </ul>   |

## Principle 4: Participants

| Key Performance Measure  | Practice Requirement   | Evidence Requirement   |
|--|--|--|
|  | 4.2.3 Provider Personnel undertake assessments of Participant’s circumstances and implement strategies that focus on assisting them to become work ready and gain sustainable Employment.  | The Provider has processes in place that ensure its Personnel: <ol style="list-style-type: none"> <li>(a) use available assessment of the Participant’s circumstances to implement strategies that will assist them to become work ready and gain sustainable Employment</li> <li>(b) regularly review a Participant’s circumstances and amend the implemented strategies where required</li> <li>(c) record factual and informative notes in the appropriate system about the Participant’s circumstances to ensure that the Participant will receive consistent service, regardless of which Provider Personnel is managing them.</li> </ol>   |
|  | 4.2.4 The Provider has a variety of strategies in place for promoting a wide range of Employment opportunities to Participants   | The Provider has processes in place that ensure Personnel can: <ol style="list-style-type: none"> <li>(a) identify suitable Employment opportunities for Participants.</li> <li>(b) promote suitable Employment opportunities to Participants.</li> </ol>  |
| <b>4.3 Job Plans set out an individualised approach reflective of a Participant's current circumstances and servicing needs.</b> | 4.3.1 Job Plans are tailored to the Participant and contain activities: <ul style="list-style-type: none"> <li>• that will satisfy the Participant’s Mutual Obligation Requirements (where relevant) and PBAS Points Target, and</li> <li>• assist Participants achieve their Employment goals.</li> </ul> | The Provider has processes in place that ensure: <ol style="list-style-type: none"> <li>(a) Participants have individualised and up-to-date Job Plans that have been discussed, agreed, and signed by the Participant</li> <li>(b) the Job Plans are recorded on the Department’s IT systems</li> <li>(c) Participant Job Plans are reviewed regularly and modified accordingly</li> <li>(d) Participants fulfil the requirements of their individual Job Plans</li> <li>(e) Participants are placed into suitable Activities that enable them to meet Mandatory Activity Requirements</li> <li>(f) Participant’s required hours of participation in Activities are recorded correctly, and within Deed and Guideline requirements.</li> </ol> |
|  | 4.3.2 The Provider has processes in place to ensure Participants fulfil their Mutual Obligation Requirements through the PBAS and Personnel effectively and appropriately undertake action under the Targeted Compliance Framework.  | The Provider has processes in place in relation to MORs that ensure its Personnel: <ol style="list-style-type: none"> <li>(a) report non-attendance or non-compliance, as required</li> <li>(b) take appropriate action when a Participant fails to comply with their MORs.</li> </ol>   |

## Principle 5: Labour market, Employers, and community

| Key Performance Measure  | Practice Requirement  | Evidence Requirement   |
|--|---|--|
| <b>5.1 The Provider identifies and incorporates local labour market knowledge into Services delivery.</b>  | 5.1.1 The Provider has policies in place to incorporate labour market knowledge to assist Personnel to achieve Employment Outcomes.                         | The Provider has policies and processes in place: <ul style="list-style-type: none"> <li>(a) for keeping up to date with, assessing and implementing local labour market knowledge</li> <li>(b) that assists its Personnel to tailor Services to different cohort groups.</li> </ul>   |
|  | 5.1.2 The Provider has policies and processes in place to provide tailored support to the cohorts it services to assist these Participants into Employment. | The Provider has policies and processes in place that: <ul style="list-style-type: none"> <li>(a) identify the different cohort groups it services</li> <li>(b) detail the specific procedures to support and assist these Participants into Employment.</li> </ul>  |
| <b>5.2 The Provider has a systematic approach to servicing the needs of Employers including evidence of ongoing relationships that deliver Employment Outcomes for Participants.</b>               | 5.2.1 The Provider has policies in place for meeting the needs of Employers.  | The Provider has: <ul style="list-style-type: none"> <li>(a) processes for engaging, developing, and maintaining relationships with Employers and employer groups</li> <li>(b) examples of engagement with Employers and Employer groups.</li> </ul>   |
|  | 5.2.2 The Provider has policies and processes in place for sourcing and matching Participants with vacancies.   | The Provider has policies and processes in place that ensure its Personnel can: <ul style="list-style-type: none"> <li>(a) assess the needs of Employers and match these with Participants on the caseload</li> <li>(b) provide ongoing assistance to Employers for eligible Participants to improve Employment Outcomes.</li> </ul>                         |
| <b>5.3 Effective relationships are developed and maintained with Host Organisations, other Workforce Australia Employment Services Providers, and providers of other initiatives and services.</b> | 5.3.1 The Provider can demonstrate linkages with Host Organisations.  | The Provider has: <ul style="list-style-type: none"> <li>(a) processes for promoting Services and programs to potential Host Organisations</li> <li>(b) examples of how Services have been promoted to potential Host Organisations.</li> </ul>  |
|  | 5.3.2 The Provider can demonstrate linkages between the Services delivered and appropriate referral to and from other agencies.                             | The Provider has: <ul style="list-style-type: none"> <li>(a) processes for establishing networks with other Employment Services Providers and providers of other initiatives and services</li> <li>(b) examples of where networks have been established with other Employment Services Providers and providers of other initiatives and services.</li> </ul> |

## Principle 6: Operational effectiveness

| Key Performance Measure  | Practice Requirement   | Evidence Requirement   |
|--|--|--|
| <b>6.1 The Provider's policies and processes support the delivery of Services that comply with the Deed and Guideline.</b>   | 6.1.1 Changes in the Deed and Guideline are promptly and accurately reflected in the Provider's systems, processes, and practices.                 | The Provider has policies and processes that outline: <ul style="list-style-type: none"> <li>(a) how and when policies will be updated following changes to the Deed and/or the Guideline</li> <li>(b) how and when its Personnel will be advised of and receive training on changes to the Deed and/or the Guideline.</li> </ul>  |
| <b>6.2 The Provider has arrangements in place to comply with the <i>Privacy Act 1988</i>, the applicable Work Health and Safety Act(s) and other relevant legislation.</b> | 6.2.1 The Provider has arrangements in place to advise Participants, Host Organisations and Employers of its privacy and confidentiality policies. | The Provider has policies and processes in place that ensure: <ul style="list-style-type: none"> <li>(a) Its Personnel are aware of and follow privacy and confidentiality requirements in relation to Participants, Host Organisations and Employers</li> <li>(b) Participants are informed about how their personal information may be used</li> <li>(c) Employers and Host Organisations are informed of privacy requirements in relation to Participants</li> <li>(d) breaches of privacy or confidentiality are identified and addressed immediately, and procedures updated as a priority to prevent future breaches.</li> </ul>   |
|  | 6.2.2 The Provider has policies and processes in place that monitor and comply with any applicable Work Health and Safety requirements.            | The Provider has policies and processes in place that ensure: <ul style="list-style-type: none"> <li>(a) Provider Sites and Activities involving Participants have ongoing compliance with any applicable Work Health and Safety requirements</li> <li>(b) Risk Assessments for Activities and Participants are updated and uploaded prior to the commencement of an Activity</li> <li>(c) its Personnel are aware of their Work Health and Safety responsibilities and respond to Work Health and Safety issues, including reporting incidents and Notifiable Incidents</li> <li>(d) procedures are reviewed following a Work Health and Safety issue or incident and updated as required</li> <li>(e) procedures are updated quickly when there are changes to any applicable Work Health and Safety requirements</li> </ul> |
| <b>6.3 Claiming processes used by the Provider are systematic and ensure claiming practices align with the Deed and Guideline</b>  | 6.3.1 The Provider ensures that reimbursement and claiming policies and processes in place align with the Deed and Guideline.                      | The Provider has processes in place that ensure: <ul style="list-style-type: none"> <li>(a) reimbursement and claiming for Services align with the Deed and the Guideline</li> </ul>   |

## Principle 6: Operational effectiveness

| Key Performance Measure | Practice Requirement | Evidence Requirement  |
|-------------------------|----------------------|---|
|                         |                      | <ul style="list-style-type: none"><li data-bbox="1234 284 2042 379">(b) information on internal and external (where required) approval processes for expenditure, reimbursements and claims is outlined and included in process documents</li><li data-bbox="1234 383 2042 478">(c) instances of incorrect or improper reimbursement and claiming is addressed immediately, and updates to procedures made as a priority, where required.</li></ul> |

## Principle 7: Continual Improvement

| Key Performance Measure  | Practice Requirement   | Evidence Requirement  |
|--|--|---|
| <b>7.1 The Provider has in place a systematic approach to identify and implement continual improvement.</b>  | 7.1.1 The Provider has processes for the systematic monitoring and reporting of Site, Employment Region and Provider performance.                                | The Provider has processes in place that measure and review performance at a Site, Employment Region and Provider level. <ul style="list-style-type: none"> <li>(a) The processes include specific monitoring of:                             <ul style="list-style-type: none"> <li>(i) Placement and Outcome data in relation to Aboriginal and Torres Strait Islander peoples</li> <li>(ii) placement strategies to ensure they continue to be effective in securing Employment Outcomes for Participants</li> </ul> </li> <li>(b) The processes are monitored and reviewed, and lead to specific performance improvements.</li> </ul> |
|  | 7.1.2 The Provider has a continual improvement register that is used to monitor continual improvement proposals and the activities that address them.            | The Provider has a process in place for managing and updating a continual improvement register, including: <ul style="list-style-type: none"> <li>(a) Non-conformances identified in Quality Standards and/or Quality Principles Audits.</li> </ul>   |
| <b>7.2 The Provider has strategies in place to measure the satisfaction of its Personnel, Participants, Employers and other organisations it works with to deliver Workforce Australia services and supports the raising of feedback and other complaints.</b> | 7.2.1 The Provider has policies and processes for monitoring Participant satisfaction with the Services being delivered.   | The Provider has policies and processes in place for the ongoing, regular, and proactive monitoring of Participant satisfaction with the Services delivered.  |
|  | 7.2.2 The Provider's policies and processes support the raising of complaints and feedback, with no fear of retribution, and facilitates complaints resolution.  | The Provider has policies and processes in place: <ul style="list-style-type: none"> <li>(a) to support Participants, its Personnel, Employers and other organisations it works with to deliver Workforce Australia services to raise complaints and provide feedback</li> <li>(b) that ensure its Personnel manage, address and, where possible, resolve complaints and feedback</li> <li>(c) that ensure its Personnel escalate complaints they cannot resolve (where required).</li> </ul>   |
|  | 7.2.3 The Provider can demonstrate how feedback and complaints received from a variety of sources inform the implementation of continual improvement activities. | The Provider has processes in place: <ul style="list-style-type: none"> <li>(a) for collating Provider-wide information on feedback and complaints received from its Personnel, Participants, Employers, other organisations it works with to deliver Workforce Australia services, Auditors and the Department</li> <li>(b) to update procedures at a Site and Provider-wide level in consideration of the complaints and feedback received</li> </ul>   |

## Principle 7: Continual Improvement

| Key Performance Measure | Practice Requirement | Evidence Requirement  |
|-------------------------|----------------------|---|
|                         |                      | (c) to improve the quality of Service using observations and opportunities for improvement from the Quality Standards and/or Quality Principles Audits. |