



Job Ready Program – Employment Verification Report (EVR) Dental Technician (ANZSCO 411213)

The Trades Recognition Australia (TRA) Job Ready Program (JRP) is an employment-based skills assessment program for international student graduates with an Australian qualification.

You are receiving this form because you have an employee applying for, or currently participating in, the Job Ready Program. The information you provide in this form will allow us to confirm that the workplace and employment arrangements provide enough opportunity for the participant to develop the required skills in their nominated occupation.

Your role, as the employer, is to:

- give the participant appropriate trade level work under standard employment arrangements within a safe work environment
- nominate an employee skilled in the occupation to supervise the participant
- sign-off on the participant's progress report (usually six months after the start of the program)
- support the participant to develop and improve their skills and understanding of Australian Standards and Legislation, language, and terminology as it is used in the workplace
- help the participant to demonstrate their trade skills in an Australian workplace
- allow an approved assessor to carry out a workplace assessment of the participant's skills and job readiness (after 6 months or longer in the program).

To receive a successful workplace assessment outcome your employee (the JRP participant) will have to demonstrate the skills they have developed in the workplace. They will also have to show that they have the capacity to apply their skills and knowledge to all other tasks and duties involved in the occupation even if they are not doing them daily.

How to provide the completed EVR to TRA

This form must be completed and signed by you, as the employer and/or a nominated supervisor. The participant will upload the completed EVR in the TRA Online Portal.

If you have any questions about this form or the Job Ready Program, please visit www.tradesrecognitionaustralia.gov.au or email jrpenquiries@dewr.gov.au.



Section One: Participant Details

TRA Reference Number	<input type="text"/>
Participant's Name	<input type="text"/>
Date the participant started work for you	<input type="text"/>
Is the participant still employed with you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, what date did they finish?	<input type="text"/>
How many hours/week on average are they working/did they work?	<input type="text"/>
Is the participant working as a Dental Technician?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, what is their current occupation/job?	<input type="text"/>
Is the participant a subcontractor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, do you supervise the participant (i.e., they work under your direction and you directly assign them work)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Section Two: Business Details

Registered Business Name	<input type="text"/>
Address	<input type="text"/>
Australian Business Number (ABN)	<input type="text"/>
Address of website or web presence (e.g., Facebook)	<input type="text"/>
Name of Employer	<input type="text"/>
Contact number/s and email	<input type="text"/>
Name of Supervisor	<input type="text"/>
Contact number/s and email	<input type="text"/>
Number of Dental Technicians employed	<input type="text"/>
Type of business	<input type="checkbox"/> Dental surgery <input type="checkbox"/> Specialist prosthetic laboratory <input type="checkbox"/> Other (please specify)
Do you provide pay slips?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, how often?	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
If NO, do you direct deposit wages to the participant under sub-contracting arrangements?	<input type="checkbox"/> YES <input type="checkbox"/> NO



If NO, please provide reason.

Section Three: Tasks Performed

Dental Technician [411213]: Constructs and repairs dentures and other dental appliances.

Please tell us about the work the JRP participant is doing, or will have the opportunity to do, in your workplace as a Dental Technician.

This section is divided into *trade* skills (the tasks and work they do; the tools and equipment they use) and *workplace* skills (how they communicate and work with others; how they get the work done).

It is important that the participant has the opportunity in your workplace to develop their skills and understanding in all these areas. If you tick no to any of the questions below, please provide reasons in the comments box.

Trade Skills

Tasks and Duties	Yes	No	Comments
Identifying and implementing the work health and safety procedures required to complete tasks safely	<input type="checkbox"/>	<input type="checkbox"/>	
Identifying and implementing the infection control procedures including hand hygiene and workplace cleaning required to complete tasks safely	<input type="checkbox"/>	<input type="checkbox"/>	
Identifying and implementing material handling and storage procedures required to complete tasks safely	<input type="checkbox"/>	<input type="checkbox"/>	
Interpreting instructions on work orders from dentist or dental prosthetist	<input type="checkbox"/>	<input type="checkbox"/>	
Following the instructions and specifications listed on the work order by the dentist or dental prosthetist for each job	<input type="checkbox"/>	<input type="checkbox"/>	
Constructing models	<input type="checkbox"/>	<input type="checkbox"/>	
Articulating maxillary and mandibular models	<input type="checkbox"/>	<input type="checkbox"/>	
Creating dental prosthetics in metal, porcelain, acrylic (MMA) or other polymers	<input type="checkbox"/>	<input type="checkbox"/>	
Following manufacturer instructions when using dental materials	<input type="checkbox"/>	<input type="checkbox"/>	
Following manufacturer instructions and safe operating procedures when using equipment within the dental laboratory	<input type="checkbox"/>	<input type="checkbox"/>	
Perfectly matching colours, shades and tones for each item produced	<input type="checkbox"/>	<input type="checkbox"/>	
Bending, forming, and shaping dental materials	<input type="checkbox"/>	<input type="checkbox"/>	
Undertaking maintenance and repairs on dental prosthetics, appliances, and devices	<input type="checkbox"/>	<input type="checkbox"/>	
Using and understanding the required Personal Protective Equipment (PPE) needed to undertake all tasks and duties	<input type="checkbox"/>	<input type="checkbox"/>	



Workplace Skills

The participant will build their understanding of the workplace by:	Yes	No	Comments
Learning about Australian Standards, legislation, regulations, and terminology relevant to dental technicians	<input type="checkbox"/>	<input type="checkbox"/>	
Learning about fundamental oral anatomy including dentitions, arrangement of the teeth, naming and coding of teeth, structures of the oral cavity, teeth form and function	<input type="checkbox"/>	<input type="checkbox"/>	
Learning about articulation and occlusion	<input type="checkbox"/>	<input type="checkbox"/>	
Managing resources	<input type="checkbox"/>	<input type="checkbox"/>	
Working effectively with others	<input type="checkbox"/>	<input type="checkbox"/>	
Communicating effectively	<input type="checkbox"/>	<input type="checkbox"/>	
Identifying and resolving issues and problems	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Information/Comments

Please write in the space below if you have any further information and/or comments on the JRP participant's work performance or duties.



Section Four: Supervisor and Employer Declaration

NOTE: Penalties apply under the Crimes Act 1914 and the Criminal Code Act 1995 may apply for making false or misleading statements and providing false or misleading information or documents.

I confirm that:

- a. I am an authorised representative of the business listed in Section 2
- b. the information in Sections 1 and 2 above is true and accurate
- c. the information in Section 3 is a true and accurate record of the tasks and duties that the JRP participant is doing, or will be doing, in this workplace
- d. I agree to allow a workplace assessment of the participant’s skills.

Supervisor Name

Position

Signature

Date (dd/mm/yyyy)

Employer Name (if different to Supervisor)

Signature

Date (dd/mm/yyyy)