



Job Ready Program – Skills Progress Report (SPR) Dental Technician (ANZSCO 411213)

As a participant in the Job Ready Program, you need to give Trades Recognition Australia (TRA) an update on your progress after six months of employment under the program.

Why you need to complete the Skills Progress Report (SPR)

It allows you to assess how you are progressing in your workplace and report on your skills development.

It is an opportunity for you to check with your employer that you are on the right track for a successful Job Ready Workplace Assessment (JRWA).

It lets us know what you are doing in your workplace.

Your completed SPR will be given to the person who will assess your skills and how you go about your work. In the JRWA the assessor will ask you questions about the information given in this form, so it is important that your answers are accurate.

How to fill in the SPR

Tell us about your *trade* skills (the tasks and the work you do; the tools and equipment you use); and your *workplace* skills (how you communicate and work with others; how you get the work done). Answers must be about the work that you have done in this workplace (not work done in a previous workplace).

For each question, please answer either:

- **Yes** (Yes, I am doing this or have done this), OR
- **No** (No, this is not something I have done or will be doing in this workplace) OR
- **Not Yet** (this is something that I will be doing in this workplace but have not yet had the opportunity to do it).

If you or your supervisor/employer want to give us more information this can be written under 'comments'.

How to provide your completed SPR and pay evidence to TRA

Your pay evidence covering the same period must be submitted with your SPR.

Log in to the [TRA Online Portal](#) and upload your completed SPR and pay evidence in PDF format using the *Document Uploads* link.

What happens if your supervisor or employer changes

Let us know in Section 2 if your supervisor has changed.

If you have left your employer, please get your previous employer or supervisor to sign an SPR for the work you did there.

When you have a new employer please register your new employer in the [TRA Online Portal](#) as soon as possible. You will need to upload a completed Employment Verification Report (EVR) for your new employer. EVRs can be downloaded from www.tradesrecognitionaustralia.gov.au You do **not** have to pay a fee to register a new employer.



Section One: JRP Participant Details

TRA Reference Number

Participant's Name

Are you still employed with this employer?

YES

NO

If NO, what date did you finish (dd/mm/yyyy)?

Are you working as a Dental Technician?

YES

NO

If NO, what date did this change and what is your current occupation/job?

Section Two: Employer/Nominated Supervisor Details

Registered Business Name

Business Address

Name of Employer

Employer's contact number/s and email

Name of supervisor

Supervisor's contact number/s and email

Is this a new supervisor?

YES

NO

Do you want your supervisor details updated?

YES (*The change is permanent*)

NO (*The change is temporary*)



Section Three: Work Performed by JRP Participant

This SPR covers the period
between (dd/mm/yyyy):

Start Date

End Date

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

Note: During your workplace assessment you will be asked to demonstrate the skills you have developed in the workplace. You will also need to talk about and understand other tasks and duties involved in the occupation even if you are not doing them regularly in your current workplace.

Please tick (✓) the skills you have demonstrated over the period covered by the SPR. Each question must have a response: 'Yes' (Y), 'No' (N), or 'Not Yet' (NY).

Trade Skills

What I did/am doing at work – essential tasks and duties	Y	N	NY	Comments
Identifying and implementing the work health and safety procedures required to complete tasks safely	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
Identifying and implementing material handling and storage procedures required to complete tasks safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interpreting instructions on work orders from dentist or dental prosthetist	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
Constructing models	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Articulating maxillary and mandibular models	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Creating dental prosthetics in metal, porcelain, acrylic (MMA) or other polymers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Following manufacturer instructions when using dental materials	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
Perfectly matching colours, shades and tones for each item produced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending, forming, and shaping dental materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Undertaking maintenance and repairs on dental prosthetics, appliances, and devices	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	



Additional tasks and duties	Y	N	NY	Comments
Constructing mouthguards, special trays, oral splints, and other dental appliances and devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Using CAD/CAM technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Creating dental prosthetics in metal, porcelain, or acrylic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fabricating full and partial dentures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Constructing crowns, bridges, and other fixed restorations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Constructing orthodontic appliances and devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I gained experience in using tools and equipment, including:	Y	N	NY	Comments
Hand tools and instruments including mixing spatulas; wax knives; wax carvers; plaster knives; dental burs; pliers; wire cutters; brushes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment such as: model trimmers; micromotors; Dental Articulators; Bunsen burners; electric wax knives; induction instrument heaters; dental lathes; sandblasters; steam cleaners; furnaces; boiling out machines; processing equipment; vacuum mixers; casting machines; thermoforming machines; microtorch; duplicating machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The correct and efficient use of dust extracting equipment within the dental laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintaining hand instruments tools, equipment, and work areas in good and safe condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Selecting methods and equipment to efficiently prepare for, construct and finish models, dental prosthetics, restorations, appliances, and devices to meet dentists' or dental prosthodontist requirements and standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Workplace Skills

I am building my workplace skills by:	Y	N	NY	Comments
Learning about Australian Standards, legislation, regulations, and terminology relevant to dental technicians	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
Learning about articulation and occlusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inspecting supplies, equipment and work areas for cleanliness, safety, and functionality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Organising materials and supplies to be purchased and inspecting them for quantity and quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working effectively with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Communicating clearly and effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying and dealing with problems and risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information/Comments

If you have any further information and/or comments on your work performance or duties, please write them here.

Section Four: Declarations

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.

Employer/Nominated Supervisor

By signing this report, you are confirming that you are an authorised representative of this business and the information in the table above is a true and accurate record of the tasks and duties performed by the Job Ready Program participant in this workplace.

Supervisor Name	
Supervisor Position	
Supervisor Signature	
Date (dd/mm/yyyy)	



Employer/Nominated Supervisor Comments

If you have any comments or additional information on the participant's work performance or duties, please provide these in the box below.

Job Ready Program Participant

Please tick (✓):

- The information I have supplied on this form is true and correct
- Pay evidence has been provided for the period claimed

Signature of JRP participant:

Date (dd/mm/yyyy):