

1.0 Purpose and scope

1.1 Purpose

1. The Practicum Standards sets out the minimum specifications for the completion of practical industry or

workplace experience by an individual to meet the entry requirements for the relevant ESSA practitioner accreditation/s.

2. Practicum is supervised work experience completed at a placement site as part of a course of study.

Practicum placements allow students to develop and demonstrate competence in integrating and applying

their professional knowledge and skills in a real-world setting. Practicum provides opportunities for students to engage with industry, undertake workplace tasks and gain experience in inter-professional

practice.

1.2 Scope

1. These Standards apply to all individuals seeking to gain practitioner accreditation as an Accredited Exercise

Scientist, an Accredited Exercise Physiologist and/or Accredited Sports Scientist (Level 1), on both accredited-course and non-accredited course pathways. This includes:

a. Students undertaking an ESSA-accredited course

b. Graduates of a non-ESSA accredited course

c. Overseas-qualified individuals

2.0 Standards

2.1 Exercise Science Specifications

Hours

1. A minimum total of 140 hours of practicum is required that includes:

a. At least 80 hours of activities to demonstrate competence in exercise assessment and prescription and delivery. The 80 hours are not required to be evenly split across assessment, prescription, and delivery activities.

b. Up to 60 hours undertaking any other activities that reflect the AES scope of practice.

2. All activities completed must fall within the AES scope of practice and involve active student engagement.

(See Appendix for examples of acceptable and unacceptable activities.)

3. Exercise assessment and prescription hours must be with clients who are seen for the purpose of undertaking an exercise intervention to improve their health and fitness, well-being, or performance, and

not participating in an exercise intervention for the treatment and/or management of a clinical condition

or injury.

4. Exercise delivery hours may be completed with a non-clinical client (i.e. with no diagnosed condition or

injury) or with a clinical client where the exercise prescription is completed by AEP or an appropriately

qualified health professional.

5. Students are not able to provide any part of the billed service under private health insurance schemes.

Students may observe sessions under these schemes where informed consent has been obtained from the

client.

6. Students may participate in compensable NDIS sessions provided informed consent is obtained from the

client and the arrangement is included in the service agreement.

7. No more than 40 hours can be undertaken in a simulated learning environment (SLE)*.

Supervision

1. All supervisors must be qualified and experienced relevant to the activity they are supervising.

Supervisors

for in person and online delivery of exercise hours must be trained in exercise prescription.

2. At least 80 hours of practicum must be by one or more of the following:

a. An individual with a Bachelor level degree or higher in exercise and sports science

b. An individual with an ASCA level 2 qualification, where the placement is in a strength and conditioning context

c. A Bachelor level or higher qualified physical education teacher with a major in physical education, where the placement is completed in a school setting.

3. Up to 60 hours may be supervised by a professional who holds an externally recognised, formal qualification

for the activity they are supervising.

4. For exercise assessment, prescription and delivery hours supervised by an individual described in clause 3

above, an oversight supervision plan must be in place with an individual described in clause 2.

2.2 Exercise Physiology Specifications

Hours

1. A minimum total of 360 hours of practicum is required to be undertaken in a variety of activities to

demonstrate attainment of competency in exercise assessment and prescription and delivery including:

a. At least 200 hours across the AEP core areas of practice.

b. The remaining 160 hours may be in any area across the AEP scope of practice ensuring:

- No more than 100 hours across the emerging or niche areas of practice

Please note: The AEP Professional Standards for Accreditation- Support Guide provides examples of core,

emerging and niche areas of practice.

2. Hours do not need to be evenly split across different areas of practice.

3. Multiple pathologies, conditions or areas may be recorded for a single client, but the overall total hours

requirement must still be met.

4. All activities completed must involve active student engagement.

5. All activities completed must fall within the AEP scope of practice. (See Appendix for examples of acceptable

and unacceptable activities.)

6. Students are not able to provide any part of the billed service under Medicare, Department of Veteran

Affairs (DVA) or private health insurance schemes. Students may observe sessions under these schemes

where informed consent has been obtained from the client.

7. Students may participate in compensable NDIS sessions provided informed consent is obtained from the

client and the arrangement is included in the service agreement.

8. No more than 80 hours can be undertaken in a simulated learning environment (SLE)*.

*Please note these hours are in effect for 2022 only and is subject to review, which may result in pre-COVID

hour maximum being applied

Supervision

1. All supervisors must be qualified and experienced relevant to the activity they are supervising.

2. At least 200 hours of practicum must be supervised by an AEP, either directly or through a documented

oversight supervision arrangement.

3. Up to 160 hours may be supervised by a professional who holds an externally recognised formal qualification

for the activity they are supervising, and relevant to the client condition they are servicing.

2.3 Sports Science Specifications

Hours

1. A minimum total of 360 hours of practicum is required to be undertaken in a variety of activities to

demonstrate attainment of competency

2. All activities completed must fall within the ASpS scope of practice and involve active student engagement.

(See Appendix for examples of acceptable and unacceptable activities.)

3. All activities must be supervised (or co-supervised) by a qualified and experienced individual who meets

the supervision requirements listed below.

Supervision

1. a current ESSA Level 1 Accredited Sports Scientist with 2 years FTE (3600hrs) experience

2. a current ESSA Level 2 Accredited Sports Scientist

3. a current Accredited Sports Scientist with the British Association of Sport and Exercise Sciences (BASES) or

Sport and Exercise Science New Zealand (SESNZ)

4. an Australian Strength and Conditioning Association (ASCA) Pro Coach, Level 2 or above, with a three-year

degree in exercise, sport, or movement science

5. an accredited coach with the UK Strength and Conditioning Association (UKSCA)

3.0 Definitions

All terms are defined as per the ESSA glossary

Accredited Exercise Scientist (AES) – An individual holding current AES practitioner accreditation with ESSA

Accredited Exercise Physiologist (AEP) – An individual holding current AEP practitioner accreditation with ESSA

AES Standards – means the Accredited Exercise Scientist Professional Standards for Accreditation

AEP Standards – means the Accredited Exercise Physiologist Professional Standards for Accreditation

Area of practice – A specific health condition, or group of conditions, to which an exercise professional applies

their knowledge and skills.

Emerging area of practice – An area of practice where there is not yet a strong evidence base for the benefits

of exercise, or it is not a well-established area of practice, but there are indications that exercise may be

beneficial, or it is a health issue an AEP may encounter.

Externally recognised – A qualified and experienced professional who holds a qualification (recognised or

endorsed by a regulating authority such as a national association or AHPRA) for the activity they are supervising.

Niche area of practice – An area of practice where there may be a strong evidence base for the benefits of

exercise in improving, maintaining or preventing decline of health-related status and function. It may have a

lower prevalence in the client/populations an AEP would see, is an area of special interest, and/or is a less

established area of practice.

Knowledge – What an individual knows and understands. Can be described in terms of depth, breadth, kinds

of knowledge and complexity.

Skills – What an individual can do. Can be described in terms of kinds and complexity and includes cognitive,

technical, communication, creative, interpersonal, and generic skills.

Practice setting – The context, industry sector or type of workplace in which an exercise professional is practising.

Core area of practice – An area of practice where there is a strong evidence base for the benefits of exercise

improving, maintaining or preventing decline of health-related status and function. This includes health

conditions such as chronic disease and injuries. There is usually a high prevalence in the client/populations and

AEP would see and is often considered an established area of practice.

Recognition of Prior Learning (RPL) – Assessment of an individual's relevant prior learning against the requirements or competencies of a course of study to determine eligibility for advanced standing or credit.

Simulated Learning Environment (SLE) – A fully interactive practice and learning environment that replicates

substantial aspects of a real-world experience, e.g. mannequins, part-task trainers, simulated patients, or

computer-generated simulations. It does not include peers practicing skills during a laboratory class.

Variety of activities – The expectation the student undertakes a range of activities within the scope of practice

for the profession

Appendix – Practicum Activities

Exercise Science activities:

Examples of Exercise Science acceptable activities – 80 hours (Exercise assessment, prescription, and delivery)

Assessment

- Conduct initial interview / gather pre-screen information
- Biomechanical assessment / analysis
- Body composition assessment
- Fitness / exercise testing

Prescription

- Design of an exercise session
- Selections of exercise modality, intensity, and other prescription variables

- Developing a periodisation plan

Delivery

- Conduct warm up and / or cool down
- Delivery of an exercise-based session (such as gym, strength and conditioning, workplace, outdoor or other setting)
- Implementation of an exercise program designed by an appropriately qualified health professional for a clinical client (diagnosed condition or injury)
- Monitoring client in a session
- Conduct a lifestyle management program

Examples of acceptable activities – 60 hours (Other)

- Sports coaching or skill development sessions (from grass roots to elite level for both individuals or teams)
- Sports first aid / trainer (note: massage activities must not be included)
- Match / performance analysis (including GPS tracking or match filming for player review)
- Education / health promotion
- Sports drug testing / anti-doping activities
- Anti-doping activities for sport
- Data collection / analysis (including research and sports science settings)
- Equipment calibration
- Blood, urine or sweat analysis

Examples of unacceptable activities:

- Physiotherapy / chiropractic treatment
- Exercise assessment or prescription for clinical clients
- Massage / dry needling
- Dietary / psychological intervention
- Child supervision
- Cleaning / maintaining of gym equipment
- Research unrelated to the field of exercise and sports science or involves animals

Exercise Physiology activities:

Assessment with clients diagnosed with health conditions

- Conduct initial interview / gather pre-screen information
- Health / exercise testing

Prescription with clients diagnosed with health conditions

- Design of an exercise sessions/interventions
- Selections of exercise modality, intensity, and other prescription variables

Delivery

- Delivery of an exercise-based session (in person or telehealth)
- Monitoring client in a session

Examples of acceptable activities:

- Relevant diagnostic procedure tests but not for the purposes of providing a diagnosis (e.g. ECG, stress test, clinical investigations)
- Reviewing or developing clinical case notes
- Client report writing (with supervisor oversight/sign off)
- Case conferences / team meetings
- Education delivery for a specific pathology (e.g. cancer education session)
- Research with an exercise intervention for a special population (e.g. conducting a weekly type two diabetes group exercise class)

Examples of unacceptable activities:

- Clients being seen for the purpose of improving health and well-being with no identified pathology (apparently healthy) cannot be included in the 360 hours of exercise physiology practicum
- Activities outside of the AES/AEP scope of practice respective to the student

Observation Activities

Observation of practice that allows active student engagement and provides a meaningful learning activity

within the scope of practice can be counted towards the required practicum hours.

Examples of student engagement include:

- Developing mock reports
- Developing mock treatment plans with justification
- Taking own case notes

- Undertaking assessment and treatment tasks outside of third party funded consultations
- Case conference between supervisor and student regarding consultation occurring before, during or after
- Simulation activities

Sports Science activities:

Assessment

- Gather pre-screen information
- Design, modification and apply Sports Performance assessment protocols

Application

- Design of an interventions
- Design of a program
- Analysis of and interpretation of qualitative and quantitative
- Translation of results into practical application

Delivery

- Delivery of a sports science intervention and strategies(in person or telehealth) for competition or training
- Monitoring client in a session

Examples of acceptable activities:

- Education and advice on health and well-being in the context of sports performance
- Support and motivate athlete and coaches to achieve performance goals

Examples of unacceptable activities:

- Activities outside of the ASpS scope of practice respective to the student

*Please note that in ANY placement, students ARE NOT permitted to be involved in exercise sessions funded by a compensatory scheme, for example, Department of Veteran Affairs; Medicare (but excluding the National Disability Insurance Scheme). The allied health provider must deliver these sessions.

Accredited Exercise Scientist Scope of Practice document

ESSA's Accredited Exercise Physiologist (AES) Scope of Practice* is a foundational

document that describes the minimum activities, roles, and professional practice standards for AES. The scope aims to outline the breadth of practice of an AES but is not intended to be an exclusive list of areas of practice.

ESSA endorses a broad scope of practice for an AES that is flexible, adaptable, and embrative of innovative practices and the practice environment.

This scope is based on the AES Professional Standards for Accreditation [1].

1.0 Role of Accredited Exercise Scientists

An AES applies the science of exercise to design and deliver physical activity and exercise-based interventions to improve health, fitness, well-being, performance and assist in the prevention of injury and chronic conditions.

Accredited Exercise Scientists coach and motivate to promote self-management of physical activity, exercise and healthy lifestyles. They account for individual factors, and social determinants of health when working with people at an individual, community and population level.

An AES critically evaluates scientific evidence to:

- » Screen and assess health, movement, exercise and performance capacity
- » Design and deliver physical activity and exercise-based interventions to:
 - » prevent injury
 - » return to activity
 - » manage risk factors for chronic conditions
 - » promote participation
 - » improve fitness and performance
- » Support goal setting and sustainable behaviour change to help people achieve their health, wellbeing, fitness and performance goals
- » Provide health, physical activity and exercise education, advice and support
- » Use coaching skills to teach and improve movement and performance
- » Deliver exercise-based interventions that have been prescribed by a health professional qualified in clinical exercise prescription (e.g. an AEP) for people with medical conditions, injuries or disabilities
- » Provide general nutritional advice in line with national nutrition guidelines and strategies to improve exercise performance, recovery and body composition

» Promote and coordinate policy and programs that increase physical activity, maintain function and decrease sedentary behaviour

An AES can apply a person-centred approach to people of diverse backgrounds and populations, and work collaboratively with clients and relevant others involved in supporting their health and wellbeing.

Accredited Exercise Scientists practice in a culturally safe and inclusive manner according to the principles of person-centred care and apply appropriate in-person and digital practices.

2.0 Roles of an AES

Accredited Exercise Scientists apply their skills in a broad range of contexts. Key areas of practice include, but are not limited to, occupational/corporate health; primary prevention; education; sport and recreation; fitness and exercise training; and physical activity within population/community health settings.

-Fitness and

Performance

Sports Trainer

Athlete

Development

Officer

(talent identification)

Fundamental

Movement

Trainers

(motor skills, coaching)

Fitness/Gym

Instructor

Personal Trainer

Strength &

Conditioning

Coach

Sports Coach

Exercise Scientist

- private practice

(exercise programming
& delivery)

-Corporate Health

Ergonomic

Assessments

Health Checks

Occupational

Health & Safety

roles

(pre-employment
screening, workplace
well-being programs,
injury prevention)

-Education

Lecturers/ Tutors

Health Educator

-Community Health

Urban Planning

Health Policy

Sport &

Recreation roles

(program coordinator,

sport development)

-Preventative Health/ Early Intervention

Health &

Wellbeing Coach

Health Promotion

Physiological

Measurement

(sleep, cardiac &

respiratory technicians)

Allied Health

Assistant

Healthy Ageing,

Disability &

Mental Health

roles

Disability

& Lifestyle

Coordinator

-Research

Research Lead

Research

Assistant

3.0 Core Rules, Regulations and Boundaries

Accredited Exercise Scientists must practice in accordance with ESSA's Code of Professional Conduct & Ethical Practice [2]. They must also respect and adhere to standards established through relevant government legislation, regulations and common law.

At all times, an AES must also:

- » Demonstrate evidence-based practice, critically evaluating and communicating the scientific rationale for their decision making and service delivery
- » Practice ethically, collaboratively and innovatively within the scope of exercise science training including referrals to relevant medical and health professionals and/or services as appropriate

INDIVIDUAL SCOPE

Accredited Exercise Scientists are expected to advance their individual scopes of practice through continuing education, competency development and professional experience. ESSA supports practitioners to employ the full range of exercise science interventions within their individual scopes of practice [3].

Practitioners are responsible for evaluating and justifying their individual scope of practice.

Individuals may have gained additional skills (i.e. expanded scope of practice) through appropriate education, training or qualification*. Some of these skills may be beyond standard exercise practice and ESSA's jurisdictional monitoring.

* For example, an AES could expand their scopes and become an AEP after completing an ESSA accredited

exercise physiology course and meeting ESSA's exercise physiology accreditation requirements.

4.0 Accreditation Requirements for ESSA Accredited Exercise Scientists

Accreditation with ESSA demonstrates a commitment to evidence-based practice and continuous

quality improvement.

Accredited Exercise Scientists need to meet high-level quality assurance standards to gain and maintain

accreditation with ESSA. These requirements meet the evidence-based national framework of regulatory standards set by the National Alliance of Self-Regulating Health Professions (NASRHP) [4].

Accredited Exercise Scientists are required to have a tertiary qualification in exercise and sports science to be eligible for accreditation with ESSA.

To ensure currency of knowledge and experience, Accredited Exercise Scientists are required to meet

annual requirements for professional practice and professional development as outlined in Table 1 below. They are also required to maintain financial status, which is renewable on a yearly basis.

ESSA ANNUAL ACCREDITATION REQUIREMENTS

All ESSA accredited professionals are required to complete/hold these each year:

Complete 20 CPD points Min. 15 in Further Education

Hold Professional Indemnity Insurance

Declare criminal and/or ethical history

Accrue 1,000 hours of practice every 5 years No more than 3 years without practice

Hold First Aid certificate and CPR certificate* (renew yearly)

{Examples of good client descriptions for logbook entries: -6 adults (2 male, 4 female)

aged between 22-31 years.

All apparently healthy with

goals to increase fitness levels.

-Group stationary cycling class.

12 20-35 y.o. males and

females. All completed PARQ -

no health conditions

-64 y.o. female, taking

medication for high cholesterol
(4 years), cleared by AEP to be
treated as apparently healthy

-Group of 24 women aged
between 17 and 21 years old.

Strength & conditioning
training program for sports
team.

-18 x 18-28 y.o. males, senior
football players, no health
conditions

-Four amateur male golfers
aged 22, 25, 23 and 27.

Data collection for a research
study into back muscle
activation during golf swing.

-An elite male triathlete aged 27
years old. No current injuries.

-Workplace fitness assessment
for 5 workers (approx one hour
per client with discussion).

Client 1: 32 y.o. female,
healthy

Client 2: 56 y.o. male on
medication for
hypercholesterolemia for 2
years

Client 3: 26 y.o. male, nil
health issues

Client 4: 47 y.o. female.

Osteopenic

Client 5: 39 y.o. female,
healthy and very active}

{Examples of good description of services for logbook entries:-Conducted an outdoor group fitness session. Instructed a

cardio warm –up of jogging and stretching for 10 mins.

Demonstrated circuit aerobic activities (such as step-ups, ladder runs & burpees) and resistance exercise using body weight, medicine balls and dumbbells (such as chest press, tricep dips & push-ups). Motivated clients during the circuit

class as well as illustrated appropriate techniques. Varied the levels of exercises to suit differing fitness levels such as

level 1, 2 & 3 push-up modes (45 mins). Instructed the cooldown with stretches (5 mins).

Design exercise session. Plan exercise stations, including both aerobic & resistance exercises. Ensure that exercises chosen can be modified for varying fitness levels.

Find a large grassed area with some shade in park. Set-up each circuit station with weights, mats, balls etc ready for outdoor exercise session.

-Led the set format class, spoke to new comers before the session told them to only do half the increases of the rest of the group, stay under 14 on RPE scale, let me or assistant instructor know if they weren't feeling well. Described challenges for more experienced class members. Gave verbal feedback regarding bike technique to class members
-Took client through the program pre-written by supervisor (AEP). Incremental warm-up on treadmill, 20 min aerobic walking varying hill incline throughout. Monitored RPE,

facial expressions and colour. Resistance program: wall

push-ups, fitball squat, theraband hip abduction/adduction, balance activities, dumbbell bicep curls, tricep pushdown,

abdominal bracing and flexibility

-Strength and conditioning training for QLD women's state development program (U21's) hockey team. My role initially involved assessing and recording fitness data for the team (pre-season). These tests included: weight (digital scales), height (stadiometer), BMI, body composition (skinfolts), muscular strength (3RM chest, legs, arms, abdominals) and aerobic fitness (VO2max). All data was recorded and entered into the computer.

This information was then used to design and implement conditioning programs to maximise the strength, power and endurance performance of the team. It also aims at preventing injury. I was involved in developing the exercise program with the head coaches & health professionals as well as assist with the implementation and delivery.

At the gym my duties were to assist with exercise technique, ensure safe use of machines, and collect RPE data. The strength and conditioning sessions mainly involved aerobic, resistance and flexibility exercises being progressively overloaded from the previous session. The modes of exercise altered to maintain interest & incorporate cross training. Plyometric and power exercises (anaerobic) were sometimes added into the exercise programs. Please refer to the two attached example programs for a more detailed description.

-All players were fitted with a shoulder harness with the GPS monitor fitted between the shoulder blades to obtain match data. (30 mins)

Following the match, data from all units were downloaded into the GPSports analysis software to prepare individual player reports including: total distance, total match time, maximum speed, average speed, acceleration and time spent in 5 different speed zones (1 hr). This data was then given to the head strength and conditioning coach who uses this information to help determine training loads that are appropriate for different playing positions.

-I was a research assistant for an investigation into trunk activation during golf swing. My role was to collect and record data for four subjects. These included taking height and body mass. It also included setting up each subject with surface EMG on their erector spinae, external obliques, rectus abdominus and latissimus dorsi. This involved shaving and cleaning the skin surface with alcohol and placing the pairs of bipolar surface electrodes on both sides of the body. Reference electrodes were also positioned over spinous processes. Each subject was then instructed to perform a total of 15 golf swings with a driver. This was conducted every 2.5 minutes to eliminate fatigue. During this time, my roles were to continuously monitor positioning and contact of electrodes on the trunk as well as monitor quality signal from the EMG. I also had to upload the collected EMG data onto the study laptop into the appropriate folder as well as check the figures to ensure that a re-trial did not have to be undertaken. When all the swing trials were completed, I removed the electrodes from the subject & disposed of them.

-I assisted an accredited exercise physiologist conduct two separate V_{O2} max tests with blood lactate on an elite triathlete in our university laboratory. These were

conducted one week apart. The testing was conducted to determine training zones/ranges.

Pre-test assessments:

My role was to assist with the set-up and conduction of the V02 max test, as well as take weight, height and body composition measurements before the first test. The BodPod was used to measure body composition. I calibrated the machine and ensured the subject was dressed appropriately (cap & nose plug), then sat with the AEP at the computer whilst the testing was undertaken (5 minutes).

V02 max test:

For both tests (cycle and treadmill) we used the CosMed K4B2, which is a portable and mobile V02 testing unit. I was responsible for calibrating the device, setting up the machine to collect heart rate and gas exchange, placing the device on the subjects back and ensuring the face mask had a good seal around the nose and mouth. Once the test had commenced, it was my duty to progressively increase the speed of the treadmill (2km/hr every 2 mins) or load on the bicycle (50 W every 3 mins). I also took blood lactate measurements every 30 seconds before the end of each stage (using lactate pro machine). At completion of the V02max test, I removed all equipment attached to the subject.

-Results:

Height (cm):176cm

Weight (kg): 65kg (cycle) 64.5kg (treadmill)

Body composition (% fat): 8%

Duration of V02 max test: 15 mins (cycle), 14 mins (treadmill)

HR max (bpm): 193 (cycle), 195 (treadmill)

VO2 (ml/min/kg): 49.78 (cycle), 50.09 (treadmill)

VC02 (ml/min): 3878 (cycle), 3700 (treadmill)

-Took office workers through fitness tests set up in their boardroom. The testing involved the following measurements:

☐ height

☐ weight

☐ waist and hip girth measurements

☐ sit and reach flexibility

☐ shoulder flexibility

☐ 7 level abdominal test

☐ 5 min Harvard Step test

After each testing session, BMI, waist to hip ratio and step test result were calculated. The client was taken through their results and compared to the available norm values. From these results, recommendations were made regarding an exercise program.

Client 1 - had reduced shoulder flexibility and was shown some upper body flexibility exercises

Client 2 - performed well on all tests and gave advice about cross training to vary from his usual daily walk

Client 3 - scored very high on step test but poorly on flexibility and abdominal tests. Provided hamstring, lower back and upper body stretches as well as bracing activities to work on abdominal strength

Client 4 - body weight resistance exercises were shown to help maintain bone density

Client 5 - she is training for her first half marathon so a six month training plan was devised for this client.}

Practicum information for La Trobe University Sport and Exercise Science students

What is the role of an accredited exercise scientist? AESs coach and motivate to promote selfmanagement of physical activity, exercise and healthy lifestyles. AESs critically evaluate scientific evidence to:

- Screen and assess Design and deliver physical activity and exercise-based interventions to:
- Preventinjury
- Managerisk factors for chronic conditions
- Promote participation
- Improve fitness and performance

Subject Requirements -Practicum * 2nd Year –SPE2EPD (Exercise Prescription & Delivery) * 3rd Year –SPE3PPS (Professional Practice in Sport & Exercise Science) *200 hours of placement for the ses course *2nd Year: •80 hours –EAPD hours

*Hours are cumulative –so, if you complete more than 80 hours for 2nd year, they will be counted towards 3rdyear placement

Fair Work Act Fair Work Act-a Vocational Placement is a placement that is required as part of the course or subject, is for credit or as a hurdle requirement and must be approved by the University. La Trobe University supports quality placements and manages risk to the student experience through a range of processes. ✓WBLagreements. ✓Insurances. ✓Monitoring and supporting placements. ✓Feedback and improvement.

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