

SOUTH AUSTRALIAN SKILLS COMMISSION - ENDORSED MICRO-CREDENTIALS

QUARTERLY REPORTING for a period from: **DD/MM/202X – DD/MM/202X**

REPORTING ORGANISATION DETAILS	
Micro-credential course owner	<i>Name of the Micro-credential course owner</i>
RTO ID (if applicable)	<i>This is the same with information on TGA</i>
Partner organisation (if applicable)	<i>Name of partner organisation to deliver training for the endorsed Micro-credential</i>
Lead contact	<i>Full name and Job title</i>
Phone	<i>Enter contact phone or mobile</i>
Email	<i>Enter a valid email address here</i>
MICRO-CREDENTIAL COURSE INFORMATION	
Endorsed micro-credential (course)	<i>Name of the endorsed micro-credential course</i>
Course ID	<i>SASC course ID</i>
Duration of endorsement	<i>Xx/xx/2021 – xx/xx/202x</i>
Endorsement conditions	<i>Enter any endorsement conditions</i>
COURSE IMPLEMENTATION	
Total enrolments since course endorsement	<i>Insert the total enrolments since endorsement of micro-credential</i>
Total completions since course endorsement	<i>Insert the total completion since endorsement of micro-credential</i>
Number of enrolments for this quarter	<i>Number of enrolments across the quarter</i>
Number of completions for this quarter	<i>Number of completions across the quarter</i>
Student cohorts:	Number of school base students: Number of Jobseeker students: Number of upskilling students: <i>Please provide number for each type of cohort and add comments if required.</i>
Micro-credential certificate of completion	Number of Statement of Attainments: Number of Certificate of completion: Number of current in train students: <i>Please complete the attached student record (page 2).</i>
Students' satisfaction rating	<i>Please provide brief information on</i> <ul style="list-style-type: none"> • <i>how the course improved their career seeking opportunities and/or</i> • <i>how the course improved their career advancement opportunities.</i>
Industry feedback on the course	<i>Include feedback from employers and/or industry about the ability of the course to meet contemporary skills needs</i>
Conditions set by the South Australian Skills Commission (if applicable)	<i>Describe how you have met any conditions set by the South Australian Skills Commission (if applicable)</i> <i>Provide evidence of marketing promotion for MCs.</i>
New training providers licenced to deliver the course	<i>Please provide legal name and RTO ID for all newly licenced RTOs to deliver the endorsed MC on your behalf or under a partnership arrangement.</i>
Further information	<i>Please provide any further information you would like noted by the South Australian Skills Commission about the implementation and/or delivery of your endorsed micro-credential</i>
QUARTERLY REPORT APPROVAL	
Date	<i>Date of approval / /</i>
Responsible officer	<i>Name and job title</i>

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STUDENT RECORDS

No	First name	Last name	MC Course code	MC Course name	Status (completed or in train)	Training start date (dd/mm/yyyy)	Training end date (dd/mm/yyyy)	MC certificate issued (Y/N)	MC certificate issue date (dd/mm/yyyy)	Comments
1										
2										
3										
4										
5										