### RPL Standard


### SISXCCS001 Provide Quality Service

**How to complete this form**

Complete all areas in **blue** on the following pages by providing information on your previous skills and qualifications using the information below as a guide.

**Unit Description:**

### This unit describes the performance outcomes, skills and knowledge required to address needs and expectations of clients and colleagues, promote programs, services and facilities, and respond to conflict and client complaints.

### To gain RPL for this unit of competency the applicant must meet the following benchmarks along with providing evidence that their current level of knowledge and skills is

relevant to all performance criteria, knowledge and **performance evidence**.

**The applicant must provide evidence of the following to gain RPL for this unit:**

* Working as a fitness instructor who work in a variety of fitness locations such as fitness, leisure and community centers.
* Evidence of working in a range of customer service roles in the sport, fitness or recreation industries.
* The applicant must demonstrate knowledge of all Performance Criteria, Essential Knowledge and Skills

**Example Evidence:**

### Relevant transcript & certificate

### Evidence of working in a customer service role within the fitness industry totalling a minimum of 3 service periods. Evidence can be gained through letters from employers outlining job role and duties where free weights, machines, proprioceptive and stability training equipment are used.

### Completion of ACFB e-learning quiz/oral questioning related to work within a fitness practice; If required this will be completed at a later stage.

### *Unit Evidence Description*



|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Name** |  |  |  |

###

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***SIS30315*** | Certificate III in Fitness | **SISXCCS001** |  **Provide quality service** | **Office Use only** |
| **Type of Unit:** Elective  | **Prerequisite:** None |
| **Elements / Performance Criteria** | **EVIDENCE** *(Applicant; Explain in detail how your evidence relates to the required knowledge listed)* | **Sufficient** | **F.E.R.** |
| **1.** **Address client needs and expectations.** |
| 1.1 | Recognise and confirm client preferences, needs and expectations. |  |  |  |
| 1.2 | Source and provide relevant information about programs, services and facilities to match client requirements. |  |  |
| 1.3 | Meet all reasonable client needs and requests in a timely and professional manner |  |  |
| 1.4 | Encourage clients to ask questions and address these as required. |  |  |
| **2. Provide quality service experience.** |
| 2.1 | Organise, confirm and record appointments for clients to their satisfaction. |  |  |  |
| 2.2 | Provide professional and personalised service to ensure a quality experience for clients. |  |  |
| 2.3 | Anticipate client preferences, needs and expectations throughout the provision of services. |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2.4 | Confirm client satisfaction in a timely manner and implement appropriate adjustments to service as required. |  |  |  |
| 2.5 | Promote repeat business to clients by offering continued service or offers of alternatives. |  |  |
| 2.6 | Maintain records of client service provided. |  |  |
| **3. Resolve customer complaints.** |
|  3.1 | Recognise client dissatisfaction, conflicts or complaints promptly and take action to resolve the issue. |  |  |  |
| 3.2 | Respond to client complaints professionally and refer to appropriate personnel as required. |  |  |
| 3.3 | Discuss unresolved concerns with client and prepare plan of action if appropriate. |  |  |

###

###

|  |  |  |
| --- | --- | --- |
| **Knowledge Evidence** | **EVIDENCE** *(Applicant; Explain in detail how your evidence relates to the required knowledge listed)* | **Office Use Only** |
|  | **Sufficient** | **F.E.R.** |
| Relevant legislation related to customer service:* consumer law
* equal opportunity
* work health and safety/occupational health and safety promotions
 |  |  |  |
| Organisational policies and procedures to enable ethical and non-discriminatory treatment of client requests and resolution of complaints:* communication protocols
* complaint procedures
* customer service procedures
* reporting procedures
* personal presentation
* privacy
* record keeping procedures
 |  |  |  |
| communication mediums required to provide service to clients and colleagues |  |  |  |
| communication mediums required to provide service to clients and colleagues |  |  |  |
| awareness of customs and practices of various social and cultural groups within Australia, to assist with meeting client needs and expectations in regards to:* modes of greeting, farewelling and conversation
* body language, e.g. body gestures,
* formality of language
* clothing
 |  |  |  |
| Services and products within the organisation that may be suited to particular clients |  |  |  |
| Principles and benefits of enhanced customer service experiences and positive communication. |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Performance Evidence** | **EVIDENCE** *(This evidence will be collected via documents outlined on first page)* | **Office Use Only** |
|  | **Sufficient** | **F.E.R.** |
| Provide programs and services to clients with varying needs and expectations over at least three service periods ensuring that:* services match client needs and expectations
* personal presentation standards meet organisational standards
* client appointment times are organised and confirmed
* service is provided in a timely manner
* client confidentiality and privacy is maintained
* complaints are resolved or referred as required
 | *This evidence will be collected via submission of documentation requested on the first page.* |  |  |
| Interact with clients in a polite and courteous manner using appropriate communication strategies and organisational channels to provide relevant information.  | *This evidence will be collected via submission of documentation requested on the first page.* |  |  |

**Office Use Only**

|  |
| --- |
| **RPL Outcome** |
| **RPL Achieved** | Yes □ | No □ |
| **Further Evidence Required** | Yes □ | No □ |
| **Further Evidence *(list of required evidence)***  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| *RPL Assessor Name:*  | *Date:* |