

TRAINING PLAN

Section 1 – Contact Details

Student Name:	Date of Birth:
Qualification Name:	Qualification National Code:
Commencement Date:	
RTO Name:	RTO National Code:
Contact Person:	Contact Phone Number:
Email Address:	

Section 2 – Signatures

Agreement Declaration

We, the undersigned, have participated in the negotiation and development of the Training Plan. We understand and are satisfied:

(must tick)

☐

with the attached training plan arrangements to support and deliver the required training, including the proposed training mode/s and assessment method/s

☐

that an initial skills assessment of the student has been conducted and documented, including:

- an individual assessment of foundation skills level, additional support needs and the appropriateness of the qualification level; and
- RPL and credit transfer arrangements have been explained, and, where applicable, offered.

(tick or N/A)

☐

where foundation skills training and/or support is being delivered, the student is aware of the arrangements for delivery.

☐

where a work experience placement is offered as part of the training, the student is aware of the intended arrangements for the placement.

☐

where a Skill Set is being delivered, the student is aware they will not be awarded a full qualification.

Student Signature: _____ Date: _____

RTO (Authorised Representative): _____

Signature: _____ Date: _____

TRAINING PLAN

Section 3– Training and Assessment

Unit Code	Foundation Skills Unit Title	Organisation responsible for Foundation Skills training delivery		Foundation Skills training delivery		Assessment Method
		RTO	Other RTO	Prior to qualification	Integrated delivery	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Unit Code	Unit Title	Unit type Core (C) or Elective (E)	Skills Recognition RPL/CT	Training Mode	Assessment Method

Assessment Method Key (can be more than one) – for ‘other’ record key and description

SR	Supervisor Report	O	Task observation by assessor	D	Demonstration by student
QA	Verbal question and answer	W	Written task		Other (specify)

Training Mode Key (can be more than one) – for ‘other’ record key and description

10	Classroom based	30	Employment based
20	Electronic based	40	Other delivery (specify)

The RTO must retain its own copy and provide a complete, signed copy of the training plan to the student

TRAINING PLAN

[illegible]

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