Training Plan – Template

This Skills Tasmania Training Plan template may be used and adapted to meet the needs of RTOs and the training contract parties. Before completing a Training Plan, please refer to the TTAC Policies and Guidelines on the Skills Tasmania website [here](https://www.skills.tas.gov.au/apprenticeships_and_traineeships/ttac_policies_and_guidelines). In particular please note: Policy 3 – Supervision under a Training Contract, Policy 4 - Minimum requirements for Training Plans, Guideline 9 - Competency-based completion of Apprenticeships and Traineeships, and Guideline 2 – Employment requirements for Training Contracts.

|  |  |  |  |  |  |  |  |
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| **Apprentice/Trainee Details** | | | | | | | |
| Name |  | | | | | Date of birth |  |
| Registration Number |  | | | | | RTO Student ID No. |  |
| Address |  | | | | | | |
| Email address |  | | | | | Phone |  |
| General responsibilities of the apprentice/ trainee in the workplace |  | | | | | | |
| **Training Contract** | | | | | | | |
| Qualification Name |  | | | | | Qualification Code |  |
| Full-time / Part-time |  | Full-time |  | Part-time | Contracted hours per week ………………… | | |
| Nominal duration |  | | | | | | |
| Training contract commencement date |  | | | | | | |
| Training contract nominal completion date |  | | | | | | |
| **Employer** | | | | | | | |
| Name of organisation |  | | | | | | |
| Workplace street address |  | | | | | | |
| Workplace postal address |  | | | | | | |
| Name of contact person |  | | | | | | |
| Contact phone number/s |  | | | | | | |
| Position/Job title |  | | | | | | |
| **Nominated Supervisor** | | | | | | | |
| Name of nominated supervisor |  | | | | | | |
| Contact phone number/s |  | | | | | | |
| Position/Job title |  | | | | | | |

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| --- | --- |
| **Host Employer (if applicable)** | |
| Name of organisation |  |
| Workplace street address |  |
| Workplace postal address |  |
| Name of Supervisor |  |
| Contact phone number/s |  |
| Position/Job title |  |
| **Registered Training Organisation** | |
| RTO Name |  |
| Contact person name |  |
| Contact phone number/s |  |
| Position/Job title |  |

Does the apprentice/trainee require support services?  Yes  No

If yes, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the apprentice/trainee have any special needs that may require alternative methods of training or assessment?  Yes  No

If yes, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Declaration** | | | |
| ***I have participated in the negotiation and development of this plan. I understand and support how the training and assessment will happen. I understand what my role is in the implementation and review of the plan.* All parties are to sign below in acceptance of this statement*.*** | | | |
| **RTO Signature:** |  | **Date:** |  |
| **RTO Signatory Name:** |  | | |
| **Employer Signature:** |  | **Date:** |  |
| **Employer Signatory Name:** |  | | |
| **Apprentice/Trainee Signature:** |  | **Date:** |  |

**Copy sent to:** Apprentice/Trainee  RTO  Employer

Assessment Record

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of units required for the qualification |  | Core |  | Elective |

| **List the units of competence required/chosen for the qualification** | | | **Competency established**  **(to be completed as competency is established)** | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Code | Title | Core (C) Elective (E) | **RPL-NR-CT-C** | **Date of Assessment Decision** | **Assessor Name** | **Assessor Signature** |
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| Total Units |  |

Training & assessment methodology keys (see following pages)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Training** Methodology Key  For ‘other’ record key and description | | | |  | **Assessment** Methodology Key (you can use more than one)  For ‘other’ record key and description | | | |
| **Key** | Description | **Key** | Description |  | **Key** | Description | **Key** | Description |
| **EF** | Employer-facilitated structured training in workplace |  | Other [specify]: |  | **SR** | Supervisor report |  | Other [specify]: |
| **RF** | RTO-facilitated structured training in workplace |  | Other [specify]: |  | **QA** | Verbal question and answer |  | Other [specify]: |
| **OJ** | Off-the-job training with RTO |  | Other [specify]: |  | **D** | Demonstration by apprentice/trainee |  | Other [specify]: |
| **OL** | On-line training in the workplace |  | Other [specify]: |  | **W** | Written task |  | Other [specify]: |
| **ST** | Set-tasks undertaken under supervision in workplace |  | Other [specify]: |  | **O** | Task observation by assessor |  | Other [specify]: |
| **W** | Written tasks |  | Other [specify]: |  |  |

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| **Training Site** Key  For ‘other’ record key and description | | | |
| **Key** | Description | **Key** | Description |
| **R** | RTO premises |  | Other [specify]: |
| **WP** | Workplace |  | Other [specify]: |
|  | Other [specify] |  | Other [specify]: |

Training methodology

| Unit Code | Training Method  [use key] | Training Site  [use key] | Employer -supplied  resources required (Y / N) | Date\* | **Time\*\***  **(HH:MM am/pm)** | **Trainer/s Name (or responsible person)** |
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**\* A range of dates may be indicated if this is acceptable to and has been agreed by all parties. The proposed dates are subject to change by negotiation and agreement of all parties.**

**\*\* The timing is to be negotiated and agreed by all parties as soon as is practicable and confirmed well in advance.**

Assessment methodology

| **Unit code** | **Assessment Method**  **[use key]** | **Assessment Site**  **[use key]** | Employer- supplied  resources required (Y / N) | **Date\*** | **Time\*\***  **(HH:MM am/pm)** | **Assessor/s Name (or responsible person)** |
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**\* A range of dates may be indicated if this is acceptable to and has been agreed by all parties. The proposed dates are subject to change by negotiation and agreement of all parties.**

**\*\* The timing is to be negotiated and agreed by all parties as soon as is practicable and confirmed well in advance.**

Training Plan Review

Two reviews are required each year - please duplicate this page for each year of the duration of the training contract.

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| **TRAINING PLAN REVIEW 1** | | | | | **TRAINING PLAN REVIEW 2** | | | | |
| **Review of outcomes and action plans:**   * The employer has actively participated in the validation of the completion of any recent assessment activity and is aware that assessments are based on the training package evidence and are in a workplace context (as per TTAC Guideline 10.7) * We have reviewed current units and are satisfied to continue training/assessment in these units or have selected new units which have been updated in the training plan. | | | | | **Review of outcomes and action plans:**   * The employer has actively participated in the validation of the completion of any recent assessment activity and is aware that assessments are based on the training package evidence and are in a workplace context (as per TTAC Guideline 10.7) * We have reviewed current units and are satisfied to continue training/assessment in these units or have selected new units which have been updated in the training plan. | | | | |
| **Notes:** | | | | | **Notes:** | | | | |
| **We agree to the outcomes noted in this review:** | | | | | **We agree to the outcomes noted in this review:** | | | | |
| **RTO Delegate Name:** |  | | | | **RTO Delegate Name:** |  | | | |
| **RTO Signature:** |  | | **Date:** |  | **RTO Signature:** |  | **Date:** | |  |
| **Employer Delegate Name:** |  | | | | **Employer Delegate Name:** |  | | | |
| **Employer Signature:** |  | **Date:** | |  | **Employer Signature:** |  | **Date:** |  | |
| **Apprentice/Trainee Name:** |  | | | | **Apprentice/Trainee Name:** |  | | | |
| **Signature:** |  | **Date:** | |  | **Signature:** |  | **Date:** |  | |
| **Our next review date will be on:** | | | | | **Our next review date will be on:** | | | | |