



NSW Apprenticeship/Traineeship Training Plan – Full

Part A – Details

(Given names)

(Family)

<input type="checkbox"/> 1 Name of Apprentice/Trainee	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 2 Date of Birth	<input type="text" value="___/___/___"/>	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> 3 Apprentice/Trainee Address	<input type="text"/>		
	Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
<input type="checkbox"/> 4 Legal Name of Employer	<input type="text"/>		
<input type="checkbox"/> 5 Trading Name of Employer	<input type="text"/>		
<input type="checkbox"/> 6 Employer Address	<input type="text"/>		
	Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
<input type="checkbox"/> 7 Employer Phone	<input type="text"/>	Fax <input type="text"/>	Email <input type="text"/>
<input type="checkbox"/> 8 Employer Contact Name	<input type="text"/>		
<input type="checkbox"/> 9 Type of Arrangement (Tick the relevant box)	<input type="checkbox"/> Apprentice <input type="checkbox"/> New Entrant Trainee Full-Time <input type="checkbox"/> New Entrant Trainee Part-Time <input type="checkbox"/> Existing Worker Trainee Full-Time <input type="checkbox"/> Existing Worker Trainee Part-Time		
<input type="checkbox"/> 10 Apprenticeship/Traineeship Name	<input type="text"/>		
<input type="checkbox"/> 11 Commencement Date of Apprenticeship/Traineeship	<input type="text" value="___/___/___"/>	Expected Completion Date of Apprenticeship/Traineeship	<input type="text" value="___/___/___"/>
<input type="checkbox"/> 12 Qualification Title	<input type="text"/>	Level: <input type="text"/>	NTIS Code: <input type="text"/>
<input type="checkbox"/> 13 Mode of Delivery (Tick the relevant box)	<input type="checkbox"/> Classroom-based <input type="checkbox"/> Electronic-based <input type="checkbox"/> Employment-based <input type="checkbox"/> Other delivery (e.g. correspondence)		
<input type="checkbox"/> 14 Funding Information (Tick the relevant box)	<input type="checkbox"/> Employer (fee for service) <input type="checkbox"/> TAFE <input type="checkbox"/> Public Funding (ATTP) contract		
<input type="checkbox"/> 15 Name of RTO	<input type="text"/>	NTIS Code: <input type="text"/>	
<input type="checkbox"/> 16 Training Location (include postcode) Campus/College(subject to availability), worksite	<input type="text"/>	Postcode: <input type="text"/>	
<input type="checkbox"/> 17 RTO Telephone/Fax	Phone: <input type="text"/>	Fax: <input type="text"/>	
<input type="checkbox"/> 18 DAAWS	<input type="checkbox"/> DAAWS Application pending DAAWS Approval Date / /		

PART B - Training Details

1	<input type="text"/>	TAID Training Agreement Identification Number available from trainee, employer, AAC or RTO web access page (www.det.nsw.edu.au/trainingmarket)
2	Trainee is Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
3	Which competencies will be undertaken to achieve the qualification: (to ensure the competencies meet the requirements of the VTO and the relevant qualification) electives should be specified wherever possible, where electives cannot be specified, the range of electives from which the trainee/apprentice will choose should be listed. Sequencing of units of competency should be specified wherever possible	

4	List key learning resources which will be provided to the trainee/apprentice:
5	List the competencies for which recognition of current competencies will be/has been assessed (if applicable): preferably indicating the name of the assessor for each competency
6	List the competencies for which credit transfer has been granted (if applicable):
7	Is any additional support required to achieve the qualification (equity assistance payments): please describe
8	List indicative monitoring dates per year of apprenticeship/traineeship (at least four per year):
9	List indicative assessment dates per year of apprenticeship/traineeship (at least four per year): specifying assessment milestones specifying the name of the assessor if possible
10	What arrangements have been made for reporting back to the employer and apprentice/trainee:
11	What indirect support arrangements have been made for the apprentice/trainee and employer from the RTO:

Part C – Undertakings

Employer

I have been provided with a copy of this Training Plan and I agree with the training requirements outlined in it.

Signature _____ Date: _____

Apprentice/Trainee

I have been provided with a copy of this Training Plan.

Signature _____ Date: _____

RTO

I have developed this Training Plan in consultation with the Employer and the Apprentice/Trainee and have provided them with a copy.

Date training commenced/due to commence with RTO _____

Signature _____ Date: _____