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| **Employer Trading Name** | |  |
| **Apprentice/Trainee Name** | |  |
| **RTO Name** | |  |
| **TCID** | |  |
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| **ABOUT THE TRAINING PLAN** | | |
| * The Training Plan describes what training is to be undertaken, who provides the training and conducts the assessments, and how, when and where this will occur. * The Training Plan is developed by a Registered Training Organisation (RTO) in consultation/negotiation with the employer and apprentice/trainee. Under user choice arrangements, the employer and apprentice/trainee have the right to decide which RTO will deliver their training, the units of competence and the sequence they will be delivered, and how, when, where and by whom training and assessment will be delivered. * The Training Plan is a working document to be used for the duration of the Training Contract and must be updated as necessary to reflect the current status of training. * A copy of the current Training Plan, must include any updates, must be kept by the RTO, employer and apprentice/trainee, with a copy always accessible in the workplace and to Training Services NSW. * Upon completion of this Training Plan the apprentice/trainee is eligible to be issued with the appropriate qualification. * The RTO issues the qualification when the employer has verified that the apprentice/trainee is competent in the vocation to the required industry standard.   For further information on how to develop, implement or monitor a Training Plan, see Vocational Training Guideline - Training Plan at [www.training.nsw.gov.au](http://www.training.nsw.gov.au/) | | |
| **PARTS TO THE TRAINING PLAN** | |
| ***Cover* –** Provides basic information about training plans and details obligations and undertakings by each party to the Training Plan.  ***Part 1* –** Provides essential employer, learner and RTO details for the apprenticeship/ traineeship.  ***Part 2* –** Identifies the units of competence (training) being undertaken, and how, when and by whom, training and assessment will be delivered/undertaken.  ***Part 3* –** Identifies support (eg. training materials, resources, facilities, supervision, etc.) that will be necessary to successfully undertake and complete the training.  ***Part 4* –** Is an addendum used to capture additional information required for school based apprenticeship and traineeship arrangements. | |

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| **OBLIGATIONS AND UNDERTAKINGS** | | | |
| **Registered Training Organisation (RTO)** I, the undersigned, on behalf of the nominated RTO, confirm that:   1. This Training Plan was developed in consultation with both the employer and apprentice/trainee. 2. This Training Plan will be kept up to date and a copy regularly provided to parties. 3. Formal training and assessment will be undertaken in accordance with the requirements outlined in the Apprenticeship and Traineeship Act 2001, Vocational Training Guideline – Training Plan, and relevant Vocational Training Order and Training Package. 4. Regular updates will be provided to the employer and apprentice/trainee on the progress of training. 5. Training Services NSW will be notified of any issues that may jeopardise the successful completion of the training within 21 days of the matter arising, including any failure by the employer to allow apprentice/trainee to participate in training. 6. Employer endorsement that a learner is competent to industry standards in the vocation will be obtained BEFORE issuing a qualification for this apprentice/trainee. 7. Training Services NSW will be notified within 28 days when the apprentice/trainee is eligible to be issued with the appropriate qualification. | | | |
| **RTO 1 Signature** |  | **Date** |  |
| **Print Name** |  | **Position** |  |
|  | | | |
| **RTO 2 Signature** |  | **Date** |  |
| **Print Name** |  | **Position** |  |
| **Employer** I, the undersigned, on behalf of the nominated employer, agree to:   1. The employer responsibilities as outlined in this Training Plan. 2. Provide work and on the job training consistent with formal training provided under this Training Plan. 3. Provide this apprentice/trainee with the appropriate level of support and supervision. 4. Withdraw my apprentice/trainee from routine work duties, with pay, for a minimum of 3 hours per week, averaged over a 4 weeks period, for the purpose of undertaking formal training/assessment. 5. The RTO providing information to Training Services NSW as specified in (e) and (g) above. 6. Report/confirm learner competence in the vocation to the RTO as appropriate. 7. Information provided by the RTO in (f) above possibly being used to initiate competency based completion of the apprenticeship/traineeship. | | | |
| **Employer Signature** |  | **Date** |  |
| **Print Name** |  | **Position** |  |
| **Apprentice/Trainee** I, the undersigned, agree that:   1. I am aware of and agree to my responsibilities as outlined in this Training Plan. 2. I will make every effort to successfully complete the training outlined in this Training Plan. 3. The RTO may provide information to Training Services NSW as specified in (e) and (g) above. 4. Information provided by the RTO in (g) above may be used to initiate competency based completion of the apprenticeship/traineeship. | | | |
| **Apprentice/Trainee** |  | **Date** |  |

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| **1.1** | **Apprentice/Trainee Personal Details** | | | | | |  |  |  |  |  |  |  |  |  |
| **Training Plan** | | Amended **Date**: | | | | | | | | | | | | | |
| **TCID** | |  | | | | | | | | | | | | | |
| **Given Name** | |  | | **Surname** | | |  | | | | | | | | |
| **Date of Birth** | |  | | **Gender** | | | Male  Female  Not specified | | | | | | | | |
| **Street Address** | |  | | | | | | | | | | | | | |
| **Suburb** | |  | | | | | | | | | | **State** | | | NSW |
| **Postcode** | |  | **Telephone** | | |  | | | **Mobile** | | | |  | | |
| **Email** | |  | | | | | | | | | | | | | |
| **Aboriginal or Torres Strait Islander origin?** | | | | Yes | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **1.2** | **Training Details** | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Contract Type** | | Apprentice  New Entrant Trainee  Existing Worker Trainee | | | | | | | | | | | | | |
| **Employment Type** | | Full Time  Part Time | | | | | **Hours per**  **week** | | | |  | | | | |
| School Based | | | | | **SBAT HSC**  **Year** | | | |  | | | | |
| **TC Start Date** | |  | **TC End Date** | | |  | | | **HEAP** | | | | Yes | | |
| **Vocation Title** | |  | | | | | | | | | | **VTO ID** | | |  |
| **Qualification Title** | |  | | | | | | | | | | | | | |
| **Qualification Level** | |  | | **National Code** | | | | |  | | | | | | |
| **Mode of Delivery** | | Classroom based  Electronic  Employment based  Other e.g. correspondence | | | | | | | | | | | | | |
| **RTO Classroom Training Address *(if applicable)*** | |  | | | | | | | | | | | | | |
|  | | **State** | | | | NSW | | | **Postcode** | | |  | |
| **Funding Source** | | Fee for Service  Government subsidised  School sector | | | | | | | | | | | | | |
| **Disability** | | Yes  No | | | **DAAWS** | | | | | Yes  No | | | | | |

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| **1.3** |  |  |  | **Employer Details** | | | | | |  |  |  |  |  |  |  |  |
| **Legal Name** |  | | | | | | | | | | | | | | | |  |
| **Trading Name** |  | | | | | | | | | | **ABN** | | | |  | |  |
| **Street Address** |  | | | | | | | | | | | | | | | |  |
| **Suburb** |  | | | | | | **State** | | NSW | | | | | **Postcode** | | |  |
| **Contact Name** |  | | | | | | | | **Fax** | | |  | | | | |  |
| **Phone** |  | | | | | | **Mobile** | |  | | | | | | | |  |
| **Email** |  | | | | | | | | | | | | | | | |  |
| **Workplace Training Address** |  | | | | | | | | | | | | | | | |  |
|  | | | | | | **State** | | NSW | | | | | **Postcode** | | |  |
| **Name of workplace supervisor** | | |  | | | | | | | **Contact No** | | | | | |  |  |
| **Host Employer** | Yes  No | | **Trading Name** | | | | |  | | | | | | | | |  |
| **Regulated Trades – Direct**  **Supervisor Name** | |  | | | | | | | | | **Lic No** | | | | |  |  |
|  | | | | | | | | | | | | | | | | | |
| **1.4** | **Registered Training Organisation (RTO) 1** | | | | | | | | | | | | | |  |  |  |
| **RTO Start Date** |  | | | | **Estimated RTO End Date** | | | | | | | | |  | | | |
| **RTO Name** |  | | | | | | | | | | | | | | | | |
| **Contact Name** |  | | | | | | | | **Fax** | | |  | | | | | |
| **Phone** |  | | | | | **Mobile** | | | | | | |  | | | | |
| **RTO National Code** |  | | | **Email** | | |  | | | | | | | | | | |
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| **1.5** | **Registered Training Organisation (RTO) 2** | | | | | | | | | | | | | |  |  |  |
| **RTO Start Date** |  | | | | **Estimated RTO End Date** | | | | | | | | |  | | | |
| **RTO Name** |  | | | | | | | | | | | | | | | | |
| **Contact Name** |  | | | | | | | | **Fax** | | |  | | | | | |
| **Phone** |  | | | | | **Mobile** | | | | | | |  | | | | |
| **RTO National Code** |  | | | **Email** | | |  | | | | | | | | | | |

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| Apprentice/Trainee’s Name:       TCID:       Version No:       Date: | | | | | | | | | | | | | |
| RTO Contact:       Phone:       Mobile: | | | | | | | | | | | | | |
| Units of Competency | | | | Formal Training Details | | | | | | | Assessment Details | | |
| Unit Code | Unit Name | Unit Type  \* | RPL, RCC, CT  ∆ | Unit Training Start Date | Unit Training End Date | Training Modes # | SBAT HSC  Prog | Responsibility for Training | | | Assessment Methods  ^ | Employer confirmation of competencies (signature) | Date deemed competent by RTO |
| Emp | RTO 1 | RTO 2 |
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**Legends**

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| \* Unit type |
| **C:** Core |
| **E:** Elective |

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| ∆ Skills Recognition | |
| **RPL** | Recognition of Prior Learning |
| **RCC** | Recognition of Current Competency |
| **CT** | Credit Transfer |

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| # Training Modes | |
| 1. Classroom | 2. Employment based |
| 3. Electronic | 4. Other |

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| ^ Assessment Methods | | | |
| **Q** | Questions (tests, interviews, case studies, questionnaires, self assessments etc) | **WO** | Workplace Observation (observed whilst doing job, set tasks, role play, scenarios or simulations) |
| **RP** | Review of Products (samples of work, products etc) | **P** | Portfolios demonstrating experience (workplace documents, journal/log books  etc) |
| **TPF** | Third Party Feedback (testimonials, supervisor reports/interviews etc) | **SA** | Structured Activities (projects, presentations, activity sheets, off-the-job  role play, scenarios or simulations etc) |

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| Apprentice/Trainee’s Name:       TCID: Version No:      Date: | | | | | | | | | | | | | |
| RTO Contact:       Phone:       Mobile: | | | | | | | | | | | | | |
| Units of Competency | | | | Formal Training Details | | | | | | | Assessment Details | | |
| Unit Code | Unit Name | Unit Type  \* | RPL, RCC, CT  ∆ | Unit Training Start Date | Unit Training End Date | Training Modes # | SBAT HSC  Prog | Responsibility for Training | | | Assessment Methods  ^ | Employer confirmation of competencies (signature) | Date deemed competent by RTO |
| Emp | RTO 1 | RTO 2 |
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**Legends**

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| \* Unit type |
| **C:** Core |
| **E:** Elective |

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| ∆ Skills Recognition | |
| **RPL** | Recognition of Prior Learning |
| **RCC** | Recognition of Current Competency |
| **CT** | Credit Transfer |

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| # Training Modes | |
| 1. Classroom | 2. Employment based |
| 3. Electronic | 4. Other |

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| ^ Assessment Methods | | | |
| **Q** | Questions (tests, interviews, case studies, questionnaires, self assessments etc) | **WO** | Workplace Observation (observed whilst doing job, set tasks, role play, scenarios or simulations) |
| **RP** | Review of Products (samples of work, products etc) | **P** | Portfolios demonstrating experience (workplace documents, journal/log books  etc) |
| **TPF** | Third Party Feedback (testimonials, supervisor reports/interviews etc) | **SA** | Structured Activities (projects, presentations, activity sheets, off-the-job  role play, scenarios or simulations etc) |

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| Apprentice/Trainee’s Name: TCID      Version No:      Date: | | | | | | | | | | | | | |
| RTO Contact:       Phone:       Mobile: | | | | | | | | | | | | | |
| Units of Competency | | | | Formal Training Details | | | | | | | Assessment Details | | |
| Unit Code | Unit Name | Unit Type  \* | RPL, RCC, CT  ∆ | Unit Training Start Date | Unit Training End Date | Training Modes # | SBAT HSC  Prog | Responsibility for Training | | | Assessment Methods  ^ | Employer confirmation of competencies (signature) | Date deemed competent by RTO |
| Emp | RTO 1 | RTO 2 |
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**Legends**

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| \* Unit type |
| **C:** Core |
| **E:** Elective |

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| --- | --- |
| ∆ Skills Recognition | |
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| # Training Modes | |
| 1. Classroom | 2. Employment based |
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| Apprentice/Trainee’s Name: TCID: Version No:      Date: | | | | | | | | | | | | | |
| RTO Contact:       Phone:       Mobile: | | | | | | | | | | | | | |
| Units of Competency | | | | Formal Training Details | | | | | | | Assessment Details | | |
| Unit Code | Unit Name | Unit Type  \* | RPL, RCC, CT  ∆ | Unit Training Start Date | Unit Training End Date | Training Modes # | SBAT HSC  Prog | Responsibility for Training | | | Assessment Methods  ^ | Employer confirmation of competencies (signature) | Date deemed competent by RTO |
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**Legends**

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| --- |
| \* Unit type |
| **C:** Core |
| **E:** Elective |

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| --- | --- |
| ∆ Skills Recognition | |
| **RPL** | Recognition of Prior Learning |
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| 1. Classroom | 2. Employment based |
| 3. Electronic | 4. Other |

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| **Apprentice/Trainee’s Name:** | | | **TCID:** | | | | | |
| **3.1** | **Workplace Support** | | |  | **3.2** | **On-The-Job Training** | |  | |
| **What learning materials and resources will be provided to the apprentice or trainee by the RTO?** | |  | | **List the workplace facilities and equipment necessary to support the delivery of this training.** | |  | | |
| **List the training materials or other resources provided to the employer to support on- the-job training and ensure its integration with the formal or structured training**  **delivered by the RTO.** | |  | | |
| **Does the apprentice or trainee need additional support to achieve the qualification? If yes, indicate the issue/s identified and what support and assistance will be provided?** | | Yes No | |
|  | |
| **Are the above facilities available in this workplace? If not, indicate alternative arrangements being put in place to address this issue.** | | Yes  No | | |
|  | | |
| **Where the employer is identified as delivering formal training on behalf of the RTO, what training materials and other support will be provided to the employer by the RTO?** | |  | | **Does this workplace have the necessary range of work to support the on-the-job component of this training arrangement? If not, indicate alternative arrangements being put in place to address this issue** | | Yes  No | | |
|  | | |
| **Where the employer is providing evidence to support assessment of competency, what support and/or resources will be provided to the employer by the RTO to assist them in this process?** | |  | | **Does the apprentice or trainee have immediate access to appropriately experienced workplace supervisors? If not, indicate alternative arrangements being put in place to address this issue** | | Yes  No | | |
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| **Apprentice/Trainee’s Name** | |  | | | | | | | |
|  | | | | | | | | | |
| 4.1 |  | **School Details** | | |  |  |  |  |  |
| **Name of School** | |  | | | | | | | |
| **School Suburb** | |  | | | | **State** | | NSW | |
| **School Contact Name** | |  | | | | **Phone** | |  | |
| **School Contact Email** | |  | | | | | | | |
| **School Sector** | | Government  Catholic  Independent  Other *(specify)* | | | | | | | |
| **Operational Directorate or**  **Diocese** | |  | | | | | | | |
| **Operational Directorate or**  **Diocese Contact Name** | |  | | | | **Fax** | |  | |
| **Phone** | |  | | **Mobile** | |  | | | |
| **Email** | |  | | | | | | | |
|  | | | | | | | | | |
| 4.2 | **NSW Education Standards Authority (NESA)** | | | | | | |  |  |
| * All school based apprenticeships and traineeships must have a corresponding HSC VET course(s). * Details for all HSC VET courses [(Industry Curriculum Frameworks](http://www.boardofstudies.nsw.edu.au/voc_ed/industry-curriculum-frameworks.html) and [Board Endorsed Courses)](http://www.boardofstudies.nsw.edu.au/voc_ed/board-endorsed-courses.html) are provided on the NESA website at [www.boardofstudies.nsw.edu.au/voc\_ed/](http://www.boardofstudies.nsw.edu.au/voc_ed/) * School based apprentices and trainees undertaking a HSC VET Framework course must address the HSC Content as outlined in the syllabus. * HSC VET courses must be completed by October of the HSC year. | | | | | | | | | |
| **NESA course name:** | | | | | | | | | |
| **NESA course number:** | | | | | | | | | |
| **The Training Plan has been checked against HSC VET course(s) requirements?** Yes  No | | | | | | | | | |
| For a school based apprentice/trainee undertaking a HSC VET Framework course:  **Does the student intend to undertake the associated HSC VET examination?** Yes  No  If yes, state the calendar year the student will sit the HSC VET examination: | | | | | | | | | |
|  | | | | | | | | | |
| 4.3 |  | **Apprenticeship Network Provider (ANP)** | | | | |  |  |  |
| **ANP Name** |  | | | | | | | | |
| **Suburb** |  | | **State** | | NSW | | **Postcode** | |  |
| **Contact Name** |  | | | | | | | | |
| **Phone** |  | | **Mobile** | |  | | | | |
| **Email Address** |  | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TCID** |  | | | | | | | **NESA number** | | | |  | | |
|  | | | | | | | | | | | | | | |
| 4.4 |  |  |  | **On-The-Job Training Days Required** | | | | | | |  |  |  |  |
| Total Required | | | | | Completed To Date | | | | | Total Days Remaining | | | | |
|  | | | | |  | | | | |  | | | | |
| **Days during:** | | Year 10 | | | Year 11 | | Year 12 | | | Post HSC | | | Total | |
| School Terms | |  | | |  | |  | | |  | | |  | |
| Holidays | |  | | |  | |  | | |  | | |  | |
| Total | |  | | |  | |  | | |  | | |  | |
| 4.5 **Proposed Pattern of On and Off-The-Job Training** | | | | | | | | | | | | | | |
|  | | MON | | TUE | | WED | | | THU | FRI | | SAT | | SUN |
| Work | |  | |  | |  | | |  |  | |  | |  |
| Formal Training | |  | |  | |  | | |  |  | |  | |  |
| School | |  | |  | |  | | |  |  | |  | |  |
|  | | | | | | | | | | | | | | |
| 4.6 |  |  |  |  | **Acceptance of Agreement** | | | | |  |  |  |  |  |
| We the undersigned, have discussed, understand and are satisfied with the attached Training Plan to support and deliver the required training in accordance with the *School Based Apprenticeships and Traineeships in NSW Guidelines* at [www.sbatinnsw.info](http://www.sbatinnsw.info/) The Training Plan meets the requirements for the appropriate HSC VET course(s) and the school based arrangement is endorsed by all parties below. | | | | | | | | | | | | | | |
| **Employer** | | |  | | | | | | | | **Date**: | | | |
| **Apprentice/Trainee** | | |  | | | | | | | | **Date**: | | | |
| **RTO 1** | | |  | | | | | | | | **Date**: | | | |
| **RTO 2** | | |  | | | | | | | | **Date**: | | | |
| **School Representative** | | |  | | | | | | | | **Date:** | | | |
| **Regional Representative** | | |  | | | | | | | | **Date**: | | | |
| **Parent/Caregiver** | | |  | | | | | | | | **Date**: | | | |



EMPLOYER ENDORSEMENT OF COMPETENCE

# IMPORTANT:

**A registered training organisation (RTO) must obtain the employer’s endorsement of an apprentice/trainee’s competence to industry standards BEFORE they may issue the qualification.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Apprentice/trainee name** |  | **TCID** |  |
| **Vocation Title** |  | **Qualification Title** |  |
| **Employer Legal Name** |  | **Employer Trading Name** |  |
| **Registered Training Organisation** |  | | |

**Employer endorsement of competence:**

I, the undersigned, endorse that the above apprentice/trainee is competent to industry standards in the nominated vocation. I understand that by providing this endorsement:

* + I confirm my apprentice/trainee’s competence and support the issue of the qualification by the RTO; and
  + I may be obliged to pay a higher rate of pay as a result of the qualification being issued (check award requirements); and
  + I and/or my apprentice/trainee can seek to complete the apprenticeship/traineeship before the nominal completion date **OR** continue in the  
    apprenticeship/traineeship up to the nominal completion date.

# Employer Representative:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Position:** |  | **Signature:** |  | **Date:** |  |

**Note**: Where an RTO has completed training and assessment (either in individual competencies or the whole qualification), but the employer disagrees with the RTO’sassessment

that the apprentice/trainee is competent, the employer and RTO should attempt to resolve their disagreement. If this cannot be resolved, the matter should be referred to Training Services NSW for advice and assistance.