Please Insert RTO LOGO

Workplace Based Training Plan

For Apprentice/Trainee:

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| **PLEASE READ BEFORE COMPLETING THIS TRAINING PLAN** |
| This Training Plan is a document to be developed by the Registered Training Organisation (RTO), the employer and the apprentice/trainee. It outlines who provides the training and assessment and how, when and where it occurs. It should be customised within the qualification packaging guidelines to accommodate the individual needs of the apprentice/trainee and the workplace, and to provide enough details to assist employers to meet their obligations under the Training Contract.This Training Plan is a working document to be used for the duration of the Training Contract. Copies, including updates, should be accessible at the workplace as a reference and to monitor progress.For more detail on the regulatory framework, and details on how to Develop, Document, Implement, and Monitor a Training Plan, see Training Plan Guidelines. | This Training Plan comprises three Parts – I, II and III.Part I records relevant details of the Training Contract and the parties responsible. It outlines proposed overall time lines for both the structured training and the Training Contract.Part II includes the selected units of competency as discussed during the pre-training review and is used to record details of assessment as competence is achieved. It should be reviewed and updated as required. Part II may be used as evidence of completion of the structured training and for trainees, the Training Contract.Part III records details of the proposed training and assessment arrangements in cycles of not more than 3 months in duration. At the end of each cycle an evaluation should be undertaken and a plan developed for a further cycle. Note that some competencies assessed over an extended period may therefore appear on Part III over several cycles. |

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| Training Plan Part I |
| Training Contract Details | Qualification |  |  | Apprentice/Trainee Details | Name |  |
|  | Delta No (if known) |  |
| Qualification Code |  |  | RTO Student ID No (if applicable) |  |
| Apprenticeship/Traineeship |  |  | Current position and/or the broad responsibilities of the apprentice/trainee in the workplace |  |
| Full Time / Part Time / SBNA2 |  |  |
| Approved Training Scheme Duration |  |  |
| Commencement Date |  |  |
| Proposed Completion Date |  |  |
| Employer Details | Name |  |  |
| Workplace Location |  |  | RTO Details | Name |  |
| Contact Person |  |  |  |  |
| Contact Number |  |  | Contact Person |  |
| Position |  |  | Contact Number |  |
| Host Employer (if applicable) | Name |  |  | Position |  |
| Workplace Location |  |  | Structured Training | Proposed Commencement Date |  |
| Contact Person |  |  |
| Contact Number |  |  | Proposed Completion Date |  |
| Position |  |  |

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| I have completed a pre-training review and have contributed to development of this plan.I am aware of my responsibility to ensure that this plan and its ongoing development is implemented and monitored over the duration of the Training Contract. | Employer signature |  | Apprentice/Trainee signature |  | RTO signature |  |
| Name |  | Name |  | Name |  |
| Date |  | Date |  | Date |  |

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| 2 For School Based Apprenticeships and Traineeships (SBATs) only | Name of School |  | Representative signature |  |
| In order for the Training Contract to be registered with **Skills Victoria** as a SBAT a school representative is required to sign the student’s Training Plan. The school’s acknowledgement indicates:* **The student is enrolled in a senior secondary program (VCE or VCAL)**
* The school’s awareness of the Training Plan and certification that the study, training and work commitments of the student **form an integral part of that student’s school learning program and study timetable.**

In signing the Training Plan, the school is not endorsing the quality of the training for the SBAT, the occupational health and safety arrangements, or the wage arrangements/requirements. |
| Name |  |
| Date |  |

| Training Plan Part II |
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| Employer |  | Apprentice/Trainee |  |
| RTO |  | Delta No (if known) |  |
| Qualification |  | Qualification Code |  |
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| Units of Competence (1: To be completed after the pre-training review) |  | Competence Established (2: To be completed as competency is established) |
| Code | Title | Nom Hours |  | RPL/RCC/CT | Date | Assessor name | Assessor signature |
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| Total Units |  | Total Hours |  | For more rows, press Tab in the last cell of the last row. |

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| (3: To be completed once competence for the above qualification has been established) |
| I certify that the effective date of completion of the qualification is  **/ / .**For trainees, this completes the Training Contract.For apprentices seeking completion prior to the nominal date of completion, a statement of completion should be submitted to Skills Victoria. | Employer signature |  | Apprentice/Trainee signature |  | RTO signature |  |
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| Name |  | Name |  | Name |  |
| Date |  | Date |  | Date |  |

| Training Plan Part III |
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| Employer |  | Apprentice/Trainee |  |
| RTO |  | Delta No (if known) |  |
| Qualification |  | Qualification Code |  |
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| Cycle number |  | Training and assessment proposal (not more than three months) from |  | to |  |
| Units of Competence | Workplace Mentor, Team Leader or Supervisor | Delivery | Assessment | Date proposed for final assessment |
| Code | Title | WPB1/Off | Trainer/s | Method2 | Assessor/s |
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| If you require more rows, press Tab in the last cell of the last row. |
| 1 Workplace Based Delivery (WPB) – (training undertaken at the workplace) | 2 Assessment Method/s |
| Ensure all apprentices/trainees undertaking workplace based training at AQF levels 3 and above are withdrawn from routine work duties for a minimum of three hours per week, averaged over a four week cycle, for the purpose of undertaking structured training/learning activities (pro rata for part time).Ensure all apprentices/ trainees undertaking workplace based training at AQF levels 1 and 2 are withdrawn from routine work duties for a minimum of 1.5 hours per week, averaged over a two month cycle, for the purpose of undertaking structured training/learning activities. This release must occur periodically.The employer, apprentice/trainee and RTO must ensure that a log is maintained to record details of the workplace structured withdrawal. | 1. Third Party Report2. Question and answer3. Demonstration | 4. Written Response5. Observation6. Other (please specify) |
| Note: You can select more than one. |

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| Description of training to be undertaken for this cycle | – additional detail |
| [ ]  Supported role rotation |  |
| [ ]  Employer facilitated structured training |  |
| [ ]  RTO facilitated structured training |  |
| [ ]  Off the job training (attach timetable) |  |
| [ ]  On line training |  |
| [ ]  Special needs support eg language/literacy |  |
| [ ]  Set tasks conducted under supervision at the workplace |  |
| [ ]  Completion of assigned written work |  |
| [ ]  Other (please specify) |  |

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| To cross a checkbox, double-click on the checkbox, select Checked and then click OK |
| Specific tasks/activities for this cycle |
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| I have contributed to the development of this cycle of the plan and am aware of my responsibility to ensure that it is implemented and monitored. | Employer signature |  | Apprentice/Trainee signature |  | RTO signature |  |
| Name |  | Name |  | Name |  |
| Date |  | Date |  | Date |  |