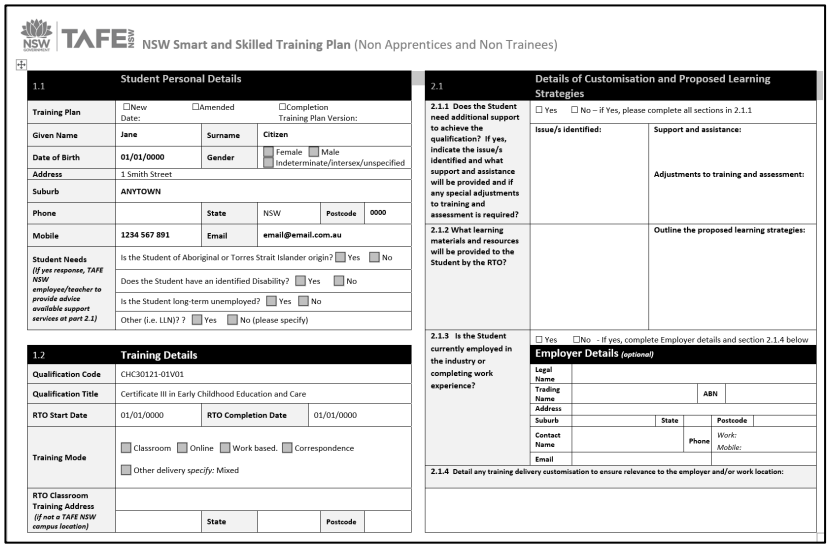
Training Plan (non Trainee/Apprentice) - Example



NSW Smart and Skilled Training Plan (Non Apprentices and Non Trainees)

1.1 Student Personal Details						
Training Plan	☐New Date:	☐Amended	☐Completion Training Plan Version:			
Given Name	Jane	Surname	Citizen			
Date of Birth	01/01/0000	Gender	☐ Female ☐ Male ☐ Indeterminate/intersex/unspecified			
Address	1 Smith Street					
Suburb	ANYTOWN					
Phone		State	NSW	Postcode	0000	
Mobile	1234 567 891	Email	email@email.com.au			
Student Needs (If yes response, TAFE NSW employee/teacher to provide advice available support services at part 2.1)	Is the Student of Aboriginal or Torres Strait Islander origin? ☐ Yes ☐ No					
	Does the Student have an identified Disability? ☐ Yes ☐ No					
	Is the Student long-term unemployed? ☐ Yes ☐ No					
	Other (i.e. LLN)? ? ☐ Yes ☐ No (please specify)					

1.2 Training Details			
Qualification Code	CHC30121-01V01		
Qualification Title	Certificate III in Early Childhood Education and Care		
RTO Start Date	01/01/0000	RTO Completion Date	01/01/0000
Training Mode	☐ Classroom ☐ Online ☐ Work based. ☐ Correspondence ☐ Other delivery specify: Mixed		
RTO Classroom Training Address (if not a TAFE NSW campus location)			
	State		Postcode

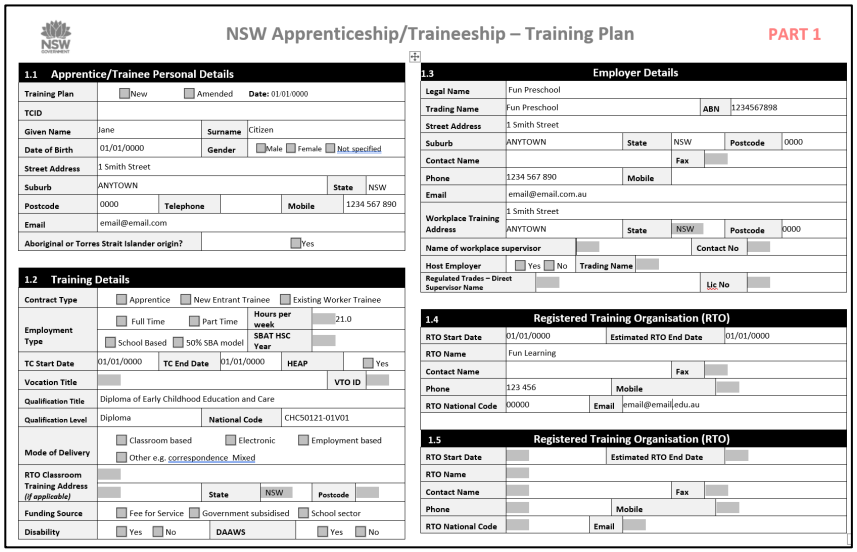
2.1 Details of Customisation and Proposed Learning Strategies		
2.1.1 Does the Student need additional support to achieve the qualification? If yes, indicate the issue/s identified and what support and assistance will be provided and if any special adjustments to training and assessment is required?	☐ Yes ☐ No – if Yes, please complete all sections in 2.1.1	
	Issue/s identified:	Support and assistance:
		Adjustments to training and assessment:
2.1.2 What learning materials and resources will be provided to the Student by the RTO?		Outline the proposed learning strategies:
2.1.3 Is the Student currently employed in the industry or completing work experience?	☐ Yes ☐ No – If yes, complete Employer details and section 2.1.4 below	

Employer Details *(optional)*

Legal Name			
Trading Name		ABN	
Address			
Suburb	State	Postcode	
Contact Name	Phone	Work: Mobile:	
Email			

2.1.4 Detail any training delivery customisation to ensure relevance to the employer and/or work location:

Training Plan (Trainee/Apprentice) - Example



NSW Apprenticeship/Traineeship – Training Plan PART 1

1.1 Apprentice/Trainee Personal Details					
Training Plan	☐New	☐Amended	Date: 01/01/0000		
TCID					
Given Name	Jane	Surname	Citizen		
Date of Birth	01/01/0000	Gender	☐Male ☐Female ☐Not specified		
Street Address	1 Smith Street				
Suburb	ANYTOWN		State	NSW	
Postcode	0000	Telephone	Mobile	1234 567 890	
Email	email@email.com				
Aboriginal or Torres Strait Islander origin?	☐Yes				

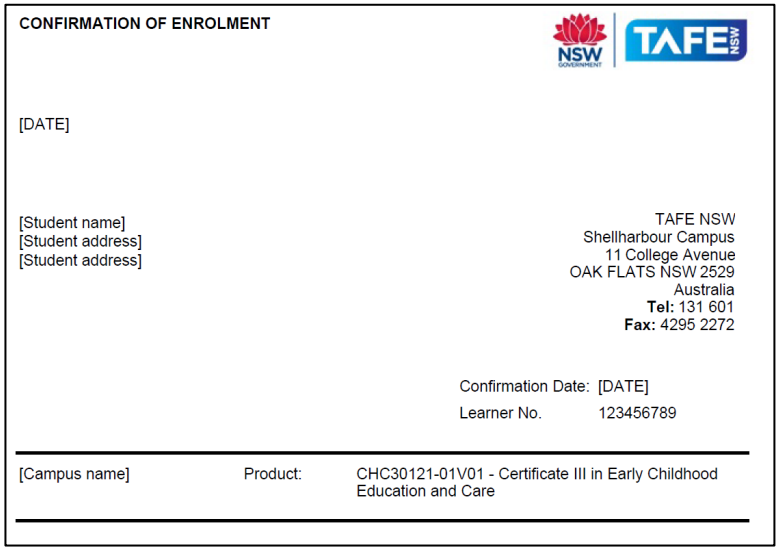
1.2 Training Details					
Contract Type	☐ Apprentice ☐ New Entrant Trainee ☐ Existing Worker Trainee				
Employment Type	☐ Full Time ☐ Part Time	Hours per week	21.0		
	☐ School Based ☐ 50% SBA model	SBAT HSC Year			
TC Start Date	01/01/0000	TC End Date	01/01/0000	HEAP	☐ Yes
Vocation Title				VTO ID	
Qualification Title	Diploma of Early Childhood Education and Care				
Qualification Level	Diploma	National Code	CHC50121-01V01		
Mode of Delivery	☐ Classroom based ☐ Electronic ☐ Employment based ☐ Other e.g. correspondence Mixed				
RTO Classroom Training Address (if applicable)					
	State	NSW	Postcode		
Funding Source	☐ Fee for Service ☐ Government subsidised ☐ School sector				
Disability	☐ Yes ☐ No	DAAWS	☐ Yes ☐ No		

1.3 Employer Details					
Legal Name	Fun Preschool				
Trading Name	Fun Preschool	ABN	1234567898		
Street Address	1 Smith Street				
Suburb	ANYTOWN	State	NSW	Postcode	0000
Contact Name			Fax		
Phone	1234 567 890	Mobile			
Email	email@email.com.au				
Workplace Training Address	1 Smith Street				
	ANYTOWN	State	NSW	Postcode	0000
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)			
RTO Start Date	01/01/0000	Estimated RTO End Date	01/01/0000
RTO Name	Fun Learning		
Contact Name		Fax	
Phone	123 456	Mobile	
RTO National Code	00000	Email	email@email.edu.au

1.5 Registered Training Organisation (RTO)			
RTO Start Date		Estimated RTO End Date	
RTO Name			
Contact Name		Fax	
Phone		Mobile	
RTO National Code		Email	

Confirmation of Enrolment – Example 1



CONFIRMATION OF ENROLMENT

[DATE]

[Student name]
[Student address]
[Student address]

TAFE NSW
Shellharbour Campus
11 College Avenue
OAK FLATS NSW 2529
Australia
Tel: 131 601
Fax: 4295 2272

Confirmation Date: [DATE]
Learner No. 123456789

[Campus name] Product: CHC30121-01V01 - Certificate III in Early Childhood Education and Care

Confirmation of Enrolment – Example 2

Macquarie Community College
263 Marsden Road
PO Box 2755
CARLINGFORD NSW 2118
Ph: 1300 845 888
ABN: 71 103 790 665
RTO ID: 90033

[STUDENT NAME]
[STUDENT ADDRESS]
[STUDENT ADDRESS]

Enrolment confirmation
CHC30121 Certificate III in Early Childhood Education and Care (cert_iii_child_care_sydney-10)

Course Details

1. CHC30121 Certificate III in Early Childhood Education and Care – Sydney