

NSW Apprenticeship/Traineeship – Training Plan

Employer Trading Name	
Apprentice/Trainee Name	
RTO Name	
TCID	

ABOUT THE TRAINING PLAN

- The Training Plan is a requirement under the Apprenticeship & Traineeship Act 2001.
- 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 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, including any updates, must be kept by the RTO, employer and apprentice/trainee, with a copy always accessible in the workplace.

For further information on how to develop, implement or monitor a Training Plan, see Training Plan Guidelines at 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.

OBLIGATIONS AND UNDERTAKINGS

Registered Training Organisation (RTO)

I, the undersigned, on behalf of the nominated RTO, agree that:

- the nominated workplace has the necessary work, resources, and facilities needed for the apprentice/trainee to successfully undertake the on-the-job training. Where appropriate, alternative arrangements as outlined in Part 3 of the Training Plan have been agreed to support the on the job component of the training described in this Training Plan
- I have explained and offered skills recognition to the employer and apprentice/trainee.
- I am aware of, and agree to, my responsibilities as outlined in this training plan.
- I will ensure that this Training Plan is maintained and kept up to date and a copy provided to the employer and apprentice/trainee.
- I will provide the employer and apprentice/trainee with regular updates on the apprentice/trainee's progress.
- I will provide this training and assessment in accordance with the AQTF, the Training Package, the Apprenticeships & Traineeships Act 2001 and the provisions of State Training Services' (STS) Apprenticeships and Traineeships Training Program (ATTP) and Training Plan Guidelines.
- I will notify STS of any matter that may jeopardise the successful completion of the training as soon as practicable after the matter arises, and in particular; any failure by the apprentice/trainee to make satisfactory progress in the training provided and in learning the competencies specified in this Training Plan; and any failure by the employer to allow the apprentice/trainee the opportunity to complete the training specified in this Training Plan.

RTO/Trainer's Signature		Date	
Print Name		Position	

Employer

I, the undersigned, on behalf of the employer, declare that I am aware of my responsibilities under the Apprenticeship & Traineeship Act 2001, the Training Contract and the Training Plan and agree that

- where my apprentice/trainee is undertaking formal training by other than off-the-job, I will withdraw them from routine work duties, with pay, for a minimum of 3 hours per week, averaged over a four week cycle, for the purpose of undertaking formal training/learning/assessment activities and
- that the RTO may provide information to STS as specified in (g) above

Employer's Signature		Date	
Print Name		Position	

Apprentice/Trainee

I, the undersigned, am aware of and agree to, my responsibilities as outlined in this Training Plan. I will make every effort to successfully complete the training outlined in this Training Plan. I agree that the RTO may provide information to STS as specified in (g) above. I agree that the RTO may provide information to my employer on my progress.

Apprentice/Trainee Signature		Date	
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1.1 Apprentice/Trainee Personal Details				
Training Plan	<input type="checkbox"/> New	<input type="checkbox"/> Amended	Date:	
TCID				
Given Name			Surname	
Date of Birth		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address				
Suburb		State		Postcode
Phone		Mobile		
Email				
Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

1.2 Training Details				
Contract Type	<input type="checkbox"/> Apprentice	<input type="checkbox"/> New Entrant Trainee	<input type="checkbox"/> Existing Worker Trainee	
Employment Type	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	Hours per week	
	<input type="checkbox"/> School Based		SBA/T HSC Year	
TC Start Date		TC End Date		
Vocation Title				
Qualification Title				
Qualification Level		NTIS Code		
Mode of Delivery	<input type="checkbox"/> Classroom based	<input type="checkbox"/> Electronic based	<input type="checkbox"/> Employment based	
	<input type="checkbox"/> Other delivery (e.g. correspondence) <i>specify:</i>			
RTO Classroom Training Address (if applicable)				
		State		Postcode
RTO Start Date		RTO Completion Date		
Funding Source	<input type="checkbox"/> Employer (fee for service)	<input type="checkbox"/> Public Funding (ATTP/PPP)	<input type="checkbox"/> TAFE	<input type="checkbox"/> TVET
DAAWS	<input type="checkbox"/> Application pending	DAAWS approval date		

1.3 Employer Details				
Legal Name				
Trading Name			ABN	
Address				
Suburb		State		Postcode
Contact Name			Fax	
Phone			Mobile	
Email				
Workplace Training Address				
		State		Postcode
Name of workplace supervisor			Contact No	
Host Employer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Trading Name	

1.4 Registered Training Organisation (RTO) 1				
RTO Name				
Contact Name			Fax	
Phone		Mobile		
RTO NTIS Code		Email		

1.5 Registered Training Organisation (RTO) 2				
RTO Name				
Contact Name			Fax	
Phone		Mobile		
RTO NTIS Code		Email		

Apprentice/Trainee's Name:	
3.1 Workplace Support	
3.1.1 What learning materials and resources will be provided to the apprentice or trainee by the RTO?	
3.1.2 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.1.3 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?	
3.1.4 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?	

TCID:	
3.2 On-The-Job Training	
3.2.1 List the workplace facilities and equipment necessary to support the delivery of this training.	
3.2.2 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.	
3.2.3 Are the above facilities available in this workplace? If not, indicate alternative arrangements being put in place to address this issue.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.2.4 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.2.5 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	<input type="checkbox"/> Yes <input type="checkbox"/> No

Apprentice/Trainee's Name	
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4.1 School Details			
Name of School			
Region or Diocese			
School Suburb		State	
School Sector	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Independent <input type="checkbox"/> Other (<i>specify</i>)		
Regional Contact Name		Fax	
Phone		Mobile	
Email			

4.2 Proposed Formal Training	
HSC VET course(s) to be studied for the school-based training component.	
The HSC VET course must be completed by October of the HSC year. Briefly describe how, when and by whom this training will be delivered.	

4.3 Board of Studies Requirements	
Does the Training Plan include units that meet Board of Studies requirements for an Australian Tertiary Admissions Ranking (ATAR)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4.4 Australian Apprenticeships Centre (AAC)			
AAC Name			
Suburb		State	Postcode
Contact Name			
Phone		Mobile	
Email address			

TCID		BOS Number	
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4.5 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					

4.6 Proposed Pattern of On and Off-The-Job Training							
	MON	TUE	WED	THU	FRI	SAT	SUN
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formal Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.7 Acceptance of Agreement			
We the undersigned, have discussed, understand and are satisfied with the attached Training Plan to support and deliver the required training. The Training Plan meets the minimum requirements for the appropriate HSC or VET courses and the school based arrangement is endorsed by all parties signed below.			
Employer		Date	
Apprentice/Trainee		Date	
RTO 1		Date	
RTO 2		Date	
School Representative		Date	
Regional Representative		Date	
Parent/Caregiver		Date	