



NSW Apprenticeship/Traineeship – Training Plan Proposal

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 <input type="checkbox"/> Not specified	
Street Address				
Suburb			State	
Postcode		Telephone		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	
TC Start Date		TC End Date		
Vocation Title			VTO ID	
Qualification Title				
Qualification Level		National Code		
Mode of Delivery	<input type="checkbox"/> Classroom based <input type="checkbox"/> Electronic <input type="checkbox"/> Employment based <input type="checkbox"/> Other e.g. correspondence			
RTO Classroom Training Address (if applicable)			State	Postcode
Funding Source	<input type="checkbox"/> Fee for Service		<input type="checkbox"/> Government subsidised	
Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	DAAWS	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.3 Apprenticeship Network Provider (ANP)				
ANP				
Contact Name			Email:	
Contact No	Tel:		Mob:	Date:

1.4 Registered Training Organisation				
RTO Start Date		Estimated RTO End Date		
RTO Legal Name				
Trading Name			ABN	
Contact Name			Fax	
Telephone			Mobile	
RTO National Code		Email		
1.5 Employer Details				
Legal Name				
Trading Name			ABN	
Street Address				
Suburb		State		Postcode
Contact Name			Email	
Telephone			Mobile	
Workplace Training Address			State	Postcode
Host Employer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Trading Name	
Regulated Trades – Direct Supervisor Name			Lic No.	
1.6 Acceptance of Agreement				
I, the undersigned, agree that:				
<ul style="list-style-type: none"> the nominated RTO will deliver formal training for this apprentice/trainee in the identified apprenticeship/traineeship vocation; and a full Training Plan will be developed by the RTO, in consultation with the employer and apprentice/trainee, within 12 weeks of approval of the Training Contract; and formal training and assessment will be undertaken in accordance with the obligations and responsibilities as detailed in the Apprenticeship and Traineeship Act 2001, Vocational Training Guideline – Training Plan, and relevant Vocational Training Order and Training Package. 				
RTO Signature:		Print Name:		
Position:		Date:		
Employer Signature:		Print Name:		
Position:		Date:		
Apprentice/Trainee Signature:		Date:		