|  |  |  |  |
| --- | --- | --- | --- |
| **Employer Trading Name** |       |  | **OBLIGATIONS AND UNDERTAKINGS** |
| **Apprentice/Trainee Name** |       |  | **Registered Training Organisation (RTO)** I, the undersigned, on behalf of the nominated RTO, confirm that:1. This Training Plan was developed in consultation/negotiation 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 obligations and responsibilities as detailed in the [Apprenticeship and Traineeship Act 2001](https://legislation.nsw.gov.au/view/html/inforce/2018-06-29/act-2001-080?query=VersionSeriesId%3D%224ec86aeb-e7fb-4437-b57f-0fef1c5b5dde%22+AND+VersionDescId%3D%22f9df2124-1a24-412d-8c59-edae9bf50e4a%22+AND+PrintType%3D%22act.reprint%22+AND+(VersionDescId%3D%22f9df2124-1a24-412d-8c59-edae9bf50e4a%22+AND+VersionSeriesId%3D%224ec86aeb-e7fb-4437-b57f-0fef1c5b5dde%22+AND+PrintType%3D%22act.reprint%22+AND+Content%3D(%22vocational+training+order%22))&dQuery=Document+Types%3D%22%3Cspan+class%3D%27dq-highlight%27%3EActs%3C%2Fspan%3E%2C+%3Cspan+class%3D%27dq-highlight%27%3ERegulations%3C%2Fspan%3E%2C+%3Cspan+class%3D%27dq-highlight%27%3EEPIs%3C%2Fspan%3E%22%2C+Search+In%3D%22%3Cspan+class%3D%27dq-highlight%27%3EAll+Content%3C%2Fspan%3E%22%2C+Exact+Phrase%3D%22%3Cspan+class%3D%27dq-highlight%27%3Evocational+training+order%3C%2Fspan%3E%22%2C+Point+In+Time%3D%22%3Cspan+class%3D%27dq-highlight%27%3E29%2F06%2F2018%3C%2Fspan%3E%22#statusinformation), [Vocational Training Guideline – *Training Plan*](https://www.nsw.gov.au/education-and-training/resources/vtgs/vtg-training-plan), and relevant [Vocational Training Order](https://www.nsw.gov.au/education-and-training/resources/cibs-bulletins) and [Training Package](https://training.gov.au/).
4. Regular updates will be provided to the employer and apprentice/trainee on the progress of training.
5. Training Services will be notified of any matter that may jeopardise the successful completion of the training within **21 days** of the matter arising, including where the apprentice/trainee is not released to attend training or assessment by their employer or where the learner has failed to attend.
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 will be notified within 28 days when the apprentice/trainee is eligible to be issued with the appropriate qualification.
 |
| **RTO Name** |       |  |
| **TCID** |       |  |
| **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, including any updates, must be kept by the RTO, employer and apprentice/trainee, with a copy always accessible in the workplace and to Training Services.
* 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. See Part 5 of this Training Plan.

For further information on how to develop, implement or monitor a Training Plan, see Vocational Training Guideline - Training Plan at <https://www.nsw.gov.au>. |  |
|  | **RTO/Trainer’s 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 appropriately qualified/experienced and accessible supervision for this apprentice/trainee.
4. Withdraw my apprentice/trainee from routine work duties, with pay, for a minimum of **3 hours per week**, averaged over a 4 week period, for the purpose of undertaking formal training/ learning/ assessment activities.
5. The RTO providing information to Training Services 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 (g) above possibly being used to initiate competency based completion of the apprenticeship/traineeship.
 |
| **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, where 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.***Part 5 –*** Is an addendum used to record the employer’s endorsement of competence. |  |
|  | **Employer’s 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 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 Signature** |  | **Date** |       |

|  |  |  |
| --- | --- | --- |
| **1.1** | **Apprentice/Trainee Personal Details** |  |
| **Training Plan** | [ ]  New [ ]  Amended **Date**:       |
| **Given Name** |       | **Family Name** |       |
| **Date of Birth** |       | **Gender** | [ ]  Male [ ]  Female [ ]  Unspecified |
| **Street Address** |       |
| **Suburb** |       | **State** |  |
| **Postcode** |      | **Telephone** |       | **Mobile** |       |
| **Email** |       |
| **Aboriginal or Torres Strait Islander origin?** | [ ]  Yes [ ]  No |
|  |  |
| **1.2** | **Training Details** |  |
| **Contract Type** | [ ]  Apprentice [ ]  New Entrant Trainee  [ ]  Existing Worker Trainee  |
| **Employment****Type** | [ ]  Full Time  [ ]  Part Time  | **Hours per week** |       |
|  | [ ]  School Based | **SBA/T 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** |  | **Postcode** |      |
| **Funding Source** | [ ]  Fee for Service [ ]  Government subsidised [ ]  School sector |
| **Disability** | [ ]  Yes [ ]  No | **DAAWS** | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| **1.3** | **Employer Details** |
| **Legal Name** |       | **Contractors Licence No.**  |       |
| **Trading Name** |       | **ABN** |       |
| **Street Address** |       |
| **Suburb** |       | **State** |  | **Postcode** |      |
| **Contact Name** |       | **Mobile** |       |
| **Email** |       |
| **Workplace Training Address** |       |
|  |       | **State** |  | **Postcode** |      |
| **Name of workplace supervisor** |       | **Contact No** |       |
| **Host Employer** | [ ]  Yes [ ]  No | **Trading Name** |       |
| **Direct Supervisor Name/Regulated Trade Supervisor** |       | **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** |       |
|  |
| **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** |       |

| 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 Date¹ | Unit TrainingEnd Date¹ | 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 |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |
|       |       |     |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |  |       |

|  |  |  |
| --- | --- | --- |
| **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 |
|  |       |

|  |  |
| --- | --- |
| **Apprentice/Trainee’s Name** |       |
|  |  |
| 4.1 School Details |  |  |
| **Name of School** |       |
| **School Suburb** |       | **State** |  |
| **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](https://www.nsw.gov.au/education-and-training/nesa/curriculum/vet/stage-6-industry-curriculum-frameworks) and [Board Endorsed Courses](https://www.nsw.gov.au/education-and-training/nesa/curriculum/vet/stage-6-industry-curriculum-frameworks)) are provided on the NESA website at [NSW Education Standards Authority (NESA)](https://www.nsw.gov.au/education-and-training/nesa)
* 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 [ ]  NoIf yes, state the calendar year the student will sit the HSC VET examination:      |
|
| 4.3 | **Apprentice Connect Australia Provider (ACAP)** |  |
| **ACAP Name** |       |
| **Suburb** |       | **State** |  | **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 |
|       |       | 0 |
| **Days during:** | Year 10  | Year 11 | Year 12 | Post HSC | Total |
| School Terms |       |       |       |       | 0 |
| Holidays |       |       |       |       | 0 |
| Total | 0 | 0 | 0 | 0 | 0 |
| 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](https://education.nsw.gov.au/schooling/students/career-and-study-pathways/school-based-apprenticeships-and-traineeships/resources-sbat#Guidelines3).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 authorised legal 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 for advice and assistance.