

NSW Apprenticeship/Traineeship – Training Plan

Employer Trading Name	
Apprentice/Trainee Name	
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>

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.

OBLIGATIONS AND UNDERTAKINGS

Registered Training Organisation (RTO) I, the undersigned, on behalf of the nominated RTO, confirm that:

- This Training Plan was developed in consultation/negotiation with both the employer and apprentice/trainee.
- This Training Plan will be kept up to date and a copy regularly provided to parties.
- 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](#).
- Regular updates will be provided to the employer and apprentice/trainee on the progress of training.
- 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.
- Employer endorsement that a learner is competent to industry standards in the vocation will be obtained **BEFORE** issuing a qualification for this apprentice/trainee.
- Training Services will be notified within 28 days when the apprentice/trainee is eligible to be issued with the appropriate qualification.

RTO/Trainer's Signature		Date	
Print Name		Position	

Employer I, the undersigned, on behalf of the nominated employer, agree to:

- The employer responsibilities as outlined in this Training Plan.
- Provide work and on the job training consistent with formal training provided under this Training Plan.
- Provide appropriately qualified/experienced and accessible supervision for this apprentice/trainee.
- 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.
- The RTO providing information to Training Services as specified in (e) and (g) above.
- Report/confirm learner competence in the vocation to the RTO as appropriate.
- Information provided by the RTO in (g) above possibly being used to initiate competency based completion of the apprenticeship/traineeship.

Employer's Signature		Date	
Print Name		Position	

Apprentice/Trainee I, the undersigned, agree that:

- I 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.
- The RTO may provide information to Training Services as specified in (e) and (g) above.
- Information provided by the RTO in (g) above may be used to initiate competency based completion of the apprenticeship/traineeship.

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:	
Given Name		Family Name		
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	
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	
	<input type="checkbox"/> School Based		SBA/T HSC Year	
TC Start Date		TC End Date	HEAP	<input type="checkbox"/> Yes
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 <input type="checkbox"/> School sector			
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No		DAAWS	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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 Δ	Unit Training Start Date ◇	Unit Training End Date ◇	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			
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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Legends

* Unit type
C: Core
E: Elective

Δ Skills Recognition	
RPL	Recognition of Prior Learning
RCC	Recognition of Current Competency
CT	Credit Transfer

# Training Modes	
1. Classroom	2. Employment based
3. Electronic	4. Other

^ Assessment Methods			
Q	Questions (tests, interviews, case studies, questionnaires, self assessments etc)	WO	Workplace Observation (observed whilst doing job, set tasks, role play, scenarios or simulations)
RP	Review of Products (samples of work, products etc)	P	Portfolios demonstrating experience (workplace documents, journal/log books etc)
TPF	Third Party Feedback (testimonials, supervisor reports/interviews etc)	SA	Structured Activities (projects, presentations, activity sheets, off-the-job role play, scenarios or simulations etc)

NOTE: Unit Training Start and End Dates should indicate when formal training will be delivered in the identified competency, NOT the Training Contract start and end dates. For regulated trades endorsement must be signed by the licenced supervisor in conjunction with the legal employer.

Apprentice/Trainee's Name:				TCID:		Version No:		Date:					
RTO Contact:				Phone:		Mobile:							
Units of Competency				Formal Training Details				Assessment Details					
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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.	
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 	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.	
		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
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	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

4.2 NSW Education Standards Authority (NESA)
<ul style="list-style-type: none"> All school based apprenticeships and traineeships must have a corresponding HSC VET course(s). Details for all HSC VET courses (Industry Curriculum Frameworks and Board Endorsed Courses) are provided on the NESA website at NSW Education Standards Authority (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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For a school based apprentice/trainee undertaking a HSC VET Framework course:	
Does the student intend to undertake the associated HSC VET examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 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	
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4.4 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					

4.5 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"/>

4.6 Acceptance of Agreement
<p>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 <i>School Based Apprenticeships and Traineeships in NSW Guidelines</i> at www.sbatinnsw.info. The Training Plan meets the requirements for the appropriate HSC VET course(s) and the school based arrangement is endorsed by all parties below.</p>

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's assessment 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.