


## Training Plan (non Trainee/Apprentice) - Example

1.1 Student Personal Details		2.1 Details of Customisation and Proposed Learning Strategies	
<b>1.1 Student Personal Details</b> Training Plan: <input type="checkbox"/> New Date: <input type="checkbox"/> Amended <input type="checkbox"/> Completion Training Plan Version: _____ Given Name: Jane Surname: _____ Citizen: _____ Date of Birth: 01/01/0000 Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Indeterminate/intersex/unspecified Address: 1 Smith Street Suburb: ANYTOWN State: NSW Postcode: 0000 Phone: _____ Mobile: 1234 567 891 Email: email@email.com.au Student Needs (If per response, TAFE NSW employs/teacher to provide advice available support services at part 2.1) Is the Student of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the Student have an identified Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the Student long-term unemployed? <input type="checkbox"/> Yes <input type="checkbox"/> No Other (i.e. LLN)? <input type="checkbox"/> Yes <input type="checkbox"/> No (please specify) _____		<b>2.1 Details of Customisation and Proposed Learning Strategies</b> 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? 2.1.2 What learning materials and resources will be provided to the Student by the RTO? 2.1.3 Is the Student currently employed in the industry or completing work experience? 2.1.4 Detail any training delivery customisation to ensure relevance to the employer and/or work location:	
<b>1.2 Training Details</b> 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: <input type="checkbox"/> Classroom <input type="checkbox"/> Online <input type="checkbox"/> Work based <input type="checkbox"/> Correspondence Other delivery specify: Mixed RTO Classroom Training Address (if not a TAFE NSW campus location) _____ State: _____ Postcode: _____		<b>Employer Details (optional)</b> Legal Name: _____ ABN: _____ Trading Name: _____ Address: _____ Suburb: _____ State: _____ Postcode: _____ Contact Name: _____ Phone: _____ Work Mobile: _____ Email: _____	

## Training Plan (Trainee/Apprentice) - Example

1.1 Apprentice/Trainee Personal Details		1.3 Employer Details	
<b>1.1 Apprentice/Trainee Personal Details</b> Training Plan: <input type="checkbox"/> New <input type="checkbox"/> Amended Date: 01/01/0000 TCID: _____ Given Name: Jane Surname: _____ Citizen: _____ Date of Birth: 01/01/0000 Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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? <input type="checkbox"/> Yes		<b>1.3 Employer Details</b> 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 State: NSW Postcode: 0000 Name of workplace supervisor: _____ Contact No: _____ Host Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No Trading Name: _____ Regulated Trades - Direct Supervisor Name: _____ Lic No: _____	
<b>1.2 Training Details</b> 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 <input type="checkbox"/> School Based <input type="checkbox"/> 50% SBA model <input type="checkbox"/> SBAT <input type="checkbox"/> HSC Year _____ Hours per week: 21.0 TC Start Date: 01/01/0000 TC End Date: 01/01/0000 HEAP: <input type="checkbox"/> Yes <input type="checkbox"/> No Vocation Title: _____ VTO ID: _____ Qualification Title: Diploma of Early Childhood Education and Care Qualification Level: Diploma National Code: CHC50121-01V01 Mode of Delivery: <input type="checkbox"/> Classroom based <input type="checkbox"/> Electronic <input type="checkbox"/> Employment based Other e.g. correspondence: Mixed RTO Classroom Training Address (if applicable) _____ State: NSW 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		<b>1.4 Registered Training Organisation (RTO)</b> 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@education.au	
		<b>1.5 Registered Training Organisation (RTO)</b> 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

	<b>Macquarie Community College</b> 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	