

TRAINING PLAN FOR VOCATIONAL PLACEMENT – PAGE 1

Student No:

Course Code: 30775QLD

Course Title: VOCATIONAL GRADUATE CERTIFICATE IN CHRISTIAN MINISTRY AND THEOLOGY

Approved Vocational Placement Scheme Hours: 120 HOURS

Responsible Officer: YVONNE PARTRIDGE

STUDENT DETAILS	INSTITUTE DETAILS	VOCATIONAL PLACEMENT PROVIDER DETAILS
Name:	Name: HOPE COLLEGE	Your Name:
Address:	Address: PO Box 35 VARSITY LAKES	Name of Organisation:
Postcode:	Postcode: 4227	Address:
Phone Number (Hm):	Admin. Contact: YVONNE PARTRIDGE	Postcode:
Phone Number (Off):	Phone Number: 0755018000 Fax No.: 0755018060	Phone Number:
Date of Birth:	Additional Information:	Fax Number:
Agreement Start Date:		Workplace Supervisor:
Agreement Completion Date:		Supervisor Phone (Off):
Internal <input type="checkbox"/> External <input type="checkbox"/>		Do you have appropriate facilities for practical experience? Yes <input type="checkbox"/> No <input type="checkbox"/>
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>		Do you have sufficient work for the student to fulfil their requirements? Yes <input type="checkbox"/> No <input type="checkbox"/>
Special Needs: (Literacy, Language, Numeracy Support, Other)		Vocational Placement Information Pack Received: Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional Information/Notes:		

OFFICE USE ONLY :

Phone Call:	Date:	Reason:	Outcome:
Phone Call:	Date:	Reason:	Outcome:
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Please turn the page to complete the remainder of this Training Plan

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Competency		Nominal Hours	Start Date	Nominal Completion Date	Workplace Tasks to be undertaken (To be completed by Vocational Placement Provider)	Attendance Records Sighted	Achieved Date
Code	Module					Sighted by Hope College Representative	
GEFS113	Vocational Placement Term 1 <i>(or 12 weeks External Students)</i> ROLE: Ministry/Group Leader; Teacher/Instructor LEVEL OF RESPONSIBILITY: Serving as a minister/missionary worker committed to developing and leading others, generating big-picture ideas and strategies across multiple ministries, demonstrating accountability for ministry outcomes, contributing to the overall mission of the organisation.	60				Signature: _____	
GEFS114	Vocational Placement Term 2 <i>(or 12 weeks External Students)</i> ROLE: Ministry/Group Leader; Teacher/Instructor LEVEL OF RESPONSIBILITY: As Listed Above	60				Signature: _____	

We confirm that we understand and agree to the above Training Plan.

Student/Parent or Guardian	HOPE COLLEGE Representative	Vocational Placement Provider
Sign:	Sign:	Sign:
Date:	Date:	Date: