

NSW Apprenticeship/Traineeship – Training Plan Proposal

| Apprentice/Trainee Personal Details | | | |
|--|---|-----------|---|
| Training Plan Proposal | <input type="checkbox"/> New <input type="checkbox"/> Amended | Date: | |
| TCID | | At School | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Given Name | | Surname | |
| Date of Birth | | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address | | | |
| Suburb | | State | P/code |
| Phone | | Mobile | |
| Email | | | |
| Aboriginal or Torres Strait Islander origin? | Yes <input type="checkbox"/> | No | <input type="checkbox"/> |

| 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"/> Online <input type="checkbox"/> Work based <input type="checkbox"/> Correspondence | | |
| RTO Training Address (if applicable) | | | |
| | | State | P/code |
| RTO Start Date | | RTO Completion Date | |
| Funding Source | <input type="checkbox"/> Fee for Service <input type="checkbox"/> Government Subsidised | | |
| DAAWS | <input type="checkbox"/> Application pending | DAAWS approval date | |
| Australian Apprenticeships Centre | | | |
| AAC | | | |
| AAC Signature | | Print Name | |
| Contact Numbers | Tel: | Mob: | Fax: Date: |

| Employer Details | | | |
|----------------------------|--|--------------|--------|
| Legal Name | | | |
| Trading Name | | ABN | |
| Address | | | |
| Suburb | | State | P/code |
| Contact Name | | Tel | Mob |
| Email | | Fax | |
| Host Employer | <input type="checkbox"/> Yes <input type="checkbox"/> No | Trading Name | |
| Workplace Training Address | | | |
| | | State | P/code |

| Registered Training Organisation | | | |
|----------------------------------|--|----------|-----|
| RTO Legal Name | | RTO Code | |
| Trading Name | | | |
| Contact Name | | Tel | Mob |
| Email | | Fax | |

| Acceptance of Agreement | | | |
|---|--|------------|--|
| I the undersigned agree that: | | | |
| a. the RTO nominated on this form has been selected to deliver training to this apprentice/ trainee. b. a 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 a copy provided to the employer and apprentice/trainee. c. delivery of training and assessment services will be in accordance with the NVR Standards, Training Package, Apprenticeship & Traineeship Act 2001, Smart and Skilled requirements and Training Plan Guidelines. | | | |
| RTO Signature | | Print Name | |
| Position | | Date: | |
| Employer's Signature | | Print Name | |
| Position | | Date: | |
| Apprentice/Trainee's Signature | | Date: | |