

Training Plan (online)

Course Name: Certificate III Aged Care **Course Code:** CHC30208

Student Name: Heri Bernadus Susanto

Tel: 9 504 3080 **Email:** hb_susanto@yahoo.com.au

Training Commencement Date: 2011-12-21 **Completion Date:** 2012-08-14 **Trainer Name:** Mandy **Work Placement Hours:** 150 hours

Training Methods: Online and workplacement **Assessment Methods:** Questions, case studies, Research activities, Simulations

Unit Name	Core/Elective	Nominal Hrs.	Expected Completion Date	Assesment Submission Dates	Do you require RPL & Credit Transfer	Signature by Student	Signature by Trainer
CHCA317A Support older people to maintain their independence	(CORE)	20	2012-08-14	2012-01-12	Yes / No	-	-
CHCAC317A Support/revision/simulation	-	-	-	-	-	-	-
CHCAC318A Work effectively with older people	(CORE)	30	2012-08-14	2012-01-26	Yes / No	-	-
CHCAC319A Provide support to people living with dementia	(CORE)	55	2012-08-14	2012-02-09	Yes / No	-	-
CHCAC318B & CHCAC319A Support/revision/simulation	-	-	-	-	-	-	-

CHCCS411B Work effectively in the community sector	(CORE)	40	2012-08-14	2012-02-23	Yes / No	-	-
CHCICS301A Provide support to meet personal care needs	(CORE)	50	2012-08-14	2012-03-08	Yes / No	-	-
CHCCS411B & CHCICS301A Support/revision/simulation	-	-	-	-	-	-	-
CHCICS302A Participate in the implementation of individualised plans	(CORE)	15	2012-08-14	2012-03-22	Yes / No	-	-
CHCICS303A Support individual health and emotional well being	(CORE)	30	2012-08-14	2012-04-05	Yes / No	-	-
CHCICS302A & CHCICS303A Support/revision/simulation	-	-	-	-	-	-	-
CHCOHS312A Follow Safety Procedures for Direct Care Work	(CORE)	30	2012-08-14	2012-04-19	Yes / No	-	-
CHCPA301B Deliver care services using a palliative approach	(CORE)	55	2012-08-14	2012-05-03	Yes / No	-	-
CHCOHS312A & CHCPA301B Support/revision/simulation	-	-	-	-	-	-	-
HLTAP301B Recognise healthy body systems in a health care context	(CORE)	70	2012-08-14	2012-05-17	Yes / No	-	-
CHCDIS301B Work effectively with people with a disability	(elective)	50	2012-08-14	2012-05-31	Yes / No	-	-
HLTAP301B & CHCDIS301B Support/revision/simulation	-	-	-	-	-	-	-
CHCHC311A Work effectively in Home and Community Environment	(elective)	50	2012-08-14	2012-06-14	Yes / No	-	-
CHCICS304B Work effectively with Carers	(elective)	35	2012-08-14	2012-06-28	Yes / No	-	-

CHCHC311A & CHCICS304B Support/revision/simulation	-	-	-	-	-	-	-
HLTHIR403B Work effectively with culturally diverse clients & coworkers	(elective)	20	2012-08-14	2012-07-12	Yes / No	-	-
HLTHIR403B Support/revision/simulation	-	-	-	-	-	-	-

Work Placement Date: _____

Note:

- Please attach and send your documents for RPL or Credit Transfer document along with this Training Plan
- Any Information that is not correct please amend it and sign it again
- Assessments **have to be** submitted before the due date and any extension need to be requested from trainer before the due date

Do you need Special Assistance? Yes/No

If yes please specify the kind of assistance that you need:

I have agreed to the Training plan provided.

Student Name: _____ **Signature:** _____ **Date:** _____

JTI Staff Name: _____ **Signature:** _____ **Date:** _____

Sign This training Plan and email it to: info@jti.edu.au or fax to (03)9771 1009.