

## Training Plan (online)

**Course Name:** Certificate IV Disability

**Course Code:** CHC40308

**Student Name:** sharon wilkins

**Address:** 12 woomera street rye Victoria 3941

**Tel:** 0432388086 **Email:** jipsi@hotmail.com

**Training Commencement Date:** 2011-09-06

**Completion Date:** 2012-05-06

**Trainer Name:** Mandy

**Work Placement Hours:** 250 hours

**Training Methods:** Online and workplacement

**Assessment Methods:** Questions, case studies, Research activities, Simulations

Unit	Core/ Elective	Nominal Hours	Assessment Submission Dates	RPL & Credit Transfer
Orientation and Introduction to the course	-	-	-	-
<b>Section 1 - Organisational requirements</b>				
CHCCS400A Work within a relevant legal and ethical framework	(CORE)	50	2011-11-11	-
CHCCS411A Work effectively in the community sector	(CORE)	60		-
HLTOHS300A Contribute to OHS processes	(CORE)	30		-

Unit	Core/ Elective	Nominal Hours	Assessment Submission Dates	RPL & Credit Transfer
<b>Section 2 - Client Services Work</b>				
CHCDIS301A Work effectively with people with a disability	(CORE)	50	2012-01-20	-
CHCDIS302A Maintain an environment to empower people with disabilities	(CORE)	90		-
CHCDIS405A Facilitate skills development and maintenance	(CORE)	50		-
CHCDIS410A Facilitate community participation and inclusion	(CORE)	60		-
CHCICS402A Facilitate individualised plans	(CORE)	50		-
<b>Section 3 - Specialist Skills</b>				
CHCDIS411A Communicate using augmentative and alternative communication strategies	(CORE)	60	2012-02-17	-
CHCICS404A Plan and provide advanced behaviour support	(CORE)	85		-
<b>Section 4 - Electives</b>				
HLTHIR403B Work effectively with culturally diverse clients and co-workers	(ELECTIVE)	20	2012-02-03	-
CHCPA301B Deliver care services using a palliative approach	(ELECTIVE)	55	2012-02-17	-
HLTAP301A Recognise healthy body systems in a health context	(ELECTIVE)	70	2012-03-02	-
CHCICS301A Provide support to meet personal care needs	(CORE)	50	2012-03-16	-
CHCAD401D Advocate for clients	(ELECTIVE)	20	2012-03-30	-

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:**

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**I have agreed to the Training & Assessment plan provided and I have received the training materials necessary for me to complete the course.**

**Student Name:Signature:\_\_\_\_\_**

**JTI Staff Name:\_\_\_\_\_ Signature:\_\_\_\_\_**