



Training Plan (online)

Course Name: Certificate IV Disability **Course Code:** CHC40308

Student Name: Eleisha Louise Provan

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Training Commencement Date: 2012-01-28 **Completion Date:** 2013-01-21 **Trainer Name:**Joyce **Work Placement Hours:**200 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
Section 1 - Organisational requirements							
CHCCS400A Work within a relevant legal and ethical framework	(CORE)	50	2013-01-21	2012-03-26	Yes / No	-	-
CHCCS411A Work effectively in the community sector	(CORE)	60			Yes / No	-	-
HLTOHS300A Contribute to OHS processes	(CORE)	30			Yes / No	-	-

Section 2 - Client Services Work							
CHCDIS301A Work effectively with people with a disability	(CORE)	50	2013-01-21	2012-06-04	Yes / No	-	-
CHCDIS302A Maintain an environment to empower people with disabilities	(CORE)	90			Yes / No	-	-
CHCDIS405A Facilitate skills development and maintenance	(CORE)	50			Yes / No	-	-
CHCDIS410A Facilitate community participation and inclusion	(CORE)	60			Yes / No	-	-
CHCICS402A Facilitate individualised plans	(CORE)	50			Yes / No	-	-
Section 3 - Specialist Skills							
CHCDIS411A Communicate using augmentative and alternative communication strategies	(CORE)	60	2013-01-21	2012-07-02	Yes / No	-	-
CHCICS404A Plan and provide advanced behaviour support	(CORE)	85			Yes / No	-	-
Section 4 - Electives							
HLTHIR403B Work effectively with culturally diverse clients and co-workers	(ELECTIVE)	20	2013-01-21	2012-07-16	Yes / No	-	-
CHCPA301B Deliver care services using a palliative approach	(ELECTIVE)	55	2013-01-21	2012-07-30	Yes / No	-	-

HLTAP301A Recognise healthy body systems in a health context	(ELECTIVE)	70	2013-01-21	2012-08-13	Yes / No	-	-
CHCICS301A Provide support to meet personal care needs	(CORE)	50	2013-01-21	2012-08-27	Yes / No	-	-
CHCAD401D Avocate for clients	(ELECTIVE)	20	2013-01-21	2012-09-10	Yes / No	-	-

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.