



Training Plan (online)

Course Name: Certificate III Aged Care

Course Code: CHC30208

Student Name: Agha chikaosolu Nneamaka

Address: 4/14 Yvette Drive Rowville vic Victoria 3178

Tel: 0434114655 **Email:** amaezue@yahoo.co.uk

Training Commencement Date: 1970-01-07

Completion Date: 1970-09-07

Trainer Name: Mandy

Work Placement Hours: 150 hours

Training Methods: Online and workplacement

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

			Training	Expected	Assesment	RPL &	Signature by	Signature by
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Orientation and Introduction to the course								
CHCA3174 Support older people to maintain their independence	Core	20			1970-01-14			
CHCA318B Work effectively with older people	Core	30			1970-01-28			
CHCA319A - provide support to people living with dementia	Core	55			1970-02-11			
CHCA411B Work efficiently in the community sector	Core	40			1970-02-25			
CHCICS301A Provide support to meet personal care needs	Core	50			1970-03-11			
CHCICS302A Participate in the implementation of individualised plans	Core	15			1970-03-25			
CHCICS303A Support individual health and emotional well being	Core	30			1970-04-08			

CHCOHS312B Follow safety procedures for direct care work	Core	30			1970-04-22			
CHCPA301B Deliver care services using a palliative approach	Core	50			1970-05-06			
HLTAP301B Recognise healthy body systems in a health care context	Core	70			1970-05-20			
CHCDIS301B Work effectively with people with a disability	Elective	50			1970-06-03			
CHCHC311B Work effectively in Home and Community Care	Elective	50			1970-06-17			
CHCICS304B Work effectively with carers	Elective	35			1970-07-01			
HLTHIR403C Work effectively with culturally diverse clients and co-workers	Elective	20			1970-07-15			

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

Student Name: _____ **Signature:** _____

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

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

If you **DO NOT** return this training plan to us in the next 14 days, JTI will assume you have accepted the terms of the training plan and it will become binding to both parties.