



Training Plan (online)

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

Student Name: George Maryon

Address: 3/7 Stud Road Dandenong Victoria 3175

Tel: 0403687989 **Email:** Sawyon@hotmail.com

Training Commencement Date: _____ **Completion Date:** _____ **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.	Training Start Dates	Assesment Submission Dates	Do you require RPL & Credit Transfer	Expected Completion Date
Section 1 - Organisational requirements						
CHCCS400A Work within a relevant legal and ethical framework	(CORE)	50	2013-04-16	26-06-2013	Yes / No	2014-04-09
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	2013-06-27	04-09-2013	Yes / No	2014-04-09
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	2013-09-05	02-10-2013	Yes / No	2014-04-09
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	2013-10-03	16-10-2013	Yes / No	2014-04-09
CHCPA301B Deliver care services using a palliative approach	(ELECTIVE)	55	2013-10-17	30-10-2013	Yes / No	2014-04-09
HLTAP301A Recognise healthy body systems in a health context	(ELECTIVE)	70	2013-10-31	13-11-2013	Yes / No	2014-04-09
CHCICS401B Facilitate support for personal care needs	(ELECTIVE)	50	2013-10-31	27-11-2013	Yes / No	2014-04-09
CHCAD401D Advocate for clients	(ELECTIVE)	20	2013-11-28	11-12-2013	Yes / No	2014-04-09

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)9792 1974.