

Training Plan (online)

Course Name: Certificate IV Disability

Course Code: CHC40308

Student Name: baby wehyeee

Address: 7 mcthur ave st albans melbourne Victoria 3021

Tel: 0432694565 **Email:** bwehyee@gmail.com

Training Commencement Date: 2011-09-05

Completion Date: 2012-05-04

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	-	-	-	-
Section 1 - Organisational requirements				
CHCCS400A Work within a relevant legal and ethical framework	(CORE)	50	2011-11-12	-
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
Section 2 - Client Services Work				
CHCDIS301A Work effectively with people with a disability	(CORE)	50	2012-01-21	-
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		-
Section 3 - Specialist Skills				
CHCDIS411A Communicate using augmentative and alternative communication strategies	(CORE)	60	2012-02-18	-
CHCICS404A Plan and provide advanced behaviour support	(CORE)	85		-
Section 4 - Electives				
HLTHIR403B Work effectively with culturally diverse clients and co-workers	(ELECTIVE)	20	2012-02-04	-
CHCPA301B Deliver care services using a palliative approach	(ELECTIVE)	55	2012-02-18	-
HLTAP301A Recognise healthy body systems in a health context	(ELECTIVE)	70	2012-03-03	-
CHCICS301A Provide support to meet personal care needs	(CORE)	50	2012-03-17	-
CHCAD401D Advocate for clients	(ELECTIVE)	20	2012-03-31	-

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:_____