



## Training Plan (online)

**Course Name:** Certificate III Aged Care & Certificate III in Home and Community Care    **Course Code:** CHC30212 and CHC30312

**Student Name:** Antoine Mutsiri

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**Training Commencement Date:** \_\_\_\_\_    **Completion Date:** \_\_\_\_\_    **Trainer Name:** Mandy

**Work Placement Hours:** 150 hours

**Training Methods:** Online and workplacement    **Assessment Methods:** Questions, case studies, Research activities, Simulations

Section	Unit Name	Nominal Hrs.	Training Start Dates	Assesment Submission Dates	Do you require RPL & Credit Transfer	Expected Completion Date
Section 1 – Introduction to Aged Care	CHCAC318B Work effectively with older people	30	2013-04-30	15-05-2013	Yes / No	2014-04-23
Section 1 – Introduction to Aged Care	CHCAC317A Support older people to maintain their independence	20	2013-05-16	29-05-2013	Yes / No	2014-04-23

Section 2 – Legal Requirements	CHCICS409A Recognise and respond to suspected abuse of vulnerable people	60	2013-05-30	12-06-2013	Yes / No	2014-04-23
Section 2 – Legal Requirements	CHCCS400C Work within a relevant legal and ethical framework	50	2013-06-13	26-06-2013	Yes / No	2014-04-23
Section 3 – Safe Working Practices	CHCWHS312A Follow WHS safety procedures for direct care work	30	2013-06-27	24-07-2013	Yes / No	2014-04-23
Section 4 – Apply First Aid	HLTFA311A Apply First Aid	18	2013-07-11	24-07-2013	Yes / No	2014-04-23
Section 5 – Care Plans	CHCICS302B Participate in the implementation of individualised plans	15	2013-07-25	07-08-2013	Yes / No	2014-04-23
Section 5 – Care Plans	CHCICS301B Provide support to meet personal care needs	50	2013-08-08	21-08-2013	Yes / No	2014-04-23
Section 6 – Dementia Care	CHCAC319A Provide support to people living with dementia	55	2013-08-22	18-09-2013	Yes / No	2014-04-23

Section 7 – Community Care	CHCHC311C Work effectively in home and community care	45	2013-09-19	02-10-2013	Yes / No	2014-04-23
Section 7 – Community Care	CHCCS411C Work effectively in the community sector	40	2013-10-03	16-10-2013	Yes / No	2014-04-23
Section 8 – Disabilities	CHCDIS302A Maintain an environment to empower people with disabilities	90	2013-10-17	30-10-2013	Yes / No	2014-04-23
Section 8 – Disabilities	CHCDIS301C Work effectively with people with a disability	50	2013-10-31	13-11-2013	Yes / No	2014-04-23
Section 9 – Cultural Diversity	HLTHIR403C Work effectively with culturally diverse clients and coworkers	20	2013-11-14	27-11-2013	Yes / No	2014-04-23
Section 10 – Emotional Well Being	CHCICS303A Support individual health and emotional well being	30	2013-11-28	11-12-2013	Yes / No	2014-04-23

Section 11 – Provide Behaviour Support in the Context of Individualised Plan	CHCICS305B Provide behaviour support in the context of individualised plans	35	2013-12-12	25-12-2013	Yes / No	2014-04-23
Section 12 – Leisure and Health	CHCRH404B Plan, implement and monitor leisure and health programs	80	2013-12-26	08-01-2014	Yes / No	2014-04-23
Section 13 – Fundamentals of Nursing	HLTAP301B Recognise healthy body systems in a health care context	70	2014-01-09	22-01-2014	Yes / No	2014-04-23
Section 13 – Fundamentals of Nursing	CHCCS305C Assist clients with medication	40	2014-01-23	05-02-2014	Yes / No	2014-04-23
Section 14 – Palliative Care	CHCPA301B Deliver care services using a palliative approach	55	2014-02-06	19-02-2014	Yes / No	2014-04-23
Section 14 – Palliative Care	CHCICS304B Work effectively with carers	35	2014-02-20	05-03-2014	Yes / No	2014-04-23

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 plan provided.**

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

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

**Sign This training Plan and email it to: [info@jti.edu.au](mailto:info@jti.edu.au) or fax to (03)9792 1974.**