

## **Training Plan (online)**

Course Name: Centificate III Aged Care — Course Code: ChC502	urse Name: Certificate III Age	d Care Course	Code:	CHC30212
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Student Name: Ivetta Kissova

Tel: 0870077459 Email: ivetta.k@hotmail.com.au

Training Commencement Date:	<b>Completion Date:</b>	Trainer Name: Mandy
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**Work Placement Hours:** 150 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
CHCA317A Support older people to maintain their independence	(CORE)	20	2013-05-06	14-05-2013	Yes / No	2013-12-29
CHCAC317A Support/revision/simulation	-	-	-	-	-	1
CHCAC318B Work effectively with older people	(CORE)	30	2013-05-15	28-05-2013	Yes / No	2013-12-29
CHCAC319A Provide support to people living with dementia	(CORE)	55	2013-05-29	11-06-2013	Yes / No	2013-12-29

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CORE)	40	2013-06-12	25-06-2013	Yes / No	2013-12-29
CORE)	50	2013-06-26	09-07-2013	Yes / No	2013-12-29
-	-	-	-	-	-
CORE)	15	2013-07-10	23-07-2013	Yes / No	2013-12-29
CORE)	30	2013-07-24	06-08-2013	Yes / No	2013-12-29
-	-	-	-	-	-
CORE)	30	2013-08-07	20-08-2013	Yes / No	2013-12-29
CORE)	55	2013-08-21	03-09-2013	Yes / No	2013-12-29
-	-	-	-	-	-
CORE)	70	2013-09-04	17-09-2013	Yes / No	2013-12-29
lective)	40	2013-09-18	01-10-2013	Yes / No	2013-12-29
	CORE)  CORE)  CORE)  CORE)  CORE)  CORE)  CORE)  CORE)	CORE) 50	CORE) 50 2013-06-26	CORE) 50 2013-06-26 09-07-2013	CORE) 50 2013-06-26 09-07-2013 Yes / No

HLTAP301B & CHCCS305C Support/revision/simulation	-	-	-	-	-	-
CHCCS400C Work within a relevant legal and ethical framework	(elective)	50	2013-10-02	15-10-2013	Yes / No	2013-12-29
CHCICS305B Provide behaviour support in the context of individualised plans	(elective)	35	2013-10-16	29-10-2013	Yes / No	2013-12-29
CHCCS400C & CHCICS305B Support/revision/simulation	-	-	-	-	-	-
HLTHIR403C Work effectively with culturally diverse clients & coworkers	(elective)	20	2013-10-30	12-11-2013	Yes / No	2013-12-29
HLTHIR403C Support/revision/simulation	-	-	-	-	-	-

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
- Assessmentshave 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:

Student Name: Signature: Date:	have agreed to the Training plan provided.			
Signature Date.		Signatura	Data	
JTI Staff Name: Date				