

MELVIN Training



1234 Main Road

Upper West Central, VIC, 9876

Delivering Quality Training to Industry since 1990

WORKPLACE BASED TRAINING PLAN

For Trainee: **Peter Pink**

PLEASE READ BEFORE COMPLETING THIS TRAINING PLAN

This **Training Plan** is a document to be developed by the Registered Training Organisation (RTO), the employer and the apprentice/trainee. It outlines who provides the training and assessment and how, when and where it occurs. It should be customised within the qualification packaging guidelines to accommodate the *individual* needs of the apprentice/trainee and the workplace, and to provide enough details to assist employers to meet their obligations under the Training Contract.

This **Training Plan** is a working document to be used for the duration of the Training Contract. Copies, including updates, should be accessible at the workplace as a reference and to monitor progress.

For more detail on the regulatory framework, and details on how to Develop, Document, Implement, and Monitor a **Training Plan**, see Training Plan Guidelines.

This **Training Plan** comprises three **Parts – I, II and III**.

Part I records relevant details of the Training Contract and the parties responsible. It outlines proposed overall time lines for both the structured training and the Training Contract.

Part II includes the selected units of competency as discussed during the pre-training review and is used to record details of assessment as competence is achieved. It should be reviewed and updated as required. **Part II** may be used as evidence of completion of the structured training and for trainees, the Training Contract.

Part III records details of the proposed training and assessment arrangements in cycles of not more than 3 months in duration. At the end of each cycle an evaluation should be undertaken and a plan developed for a further cycle. Note that some competencies assessed over an extended period may therefore appear on **Part III** over several cycles.

Training Plan Part I

Training Contract Details	Qualification	Cert III in Process Manufacturing
	Qualification Code	PMB30401
	Apprenticeship/Traineeship	Traineeship
	Full Time / Part Time / SBNA²	Full Time
	Commencement Date	20.01.2006
	Nominal Completion Date	19.01.2008
	Proposed Completion Date	20.06.2007
Employer Details	Name	XYZ Group Training
	Workplace Location	Blacktown
	Contact Person	Polly Purple
	Contact Number	12345678
Host Employer (if applicable)	Name	ABC Manufacturing
	Workplace Location	Graytown
	Contact Person	Oliver Orange
	Contact Number	12746598
Position	Position	Placement Consultant
	Position	Production Coordinator
	Position	
	Position	
Apprentice/Trainee Details	Name	Peter Pink
	Delta No (if known)	35793579
	RTO Student ID No (if applicable)	1357913579
	Current position and/or the broad responsibilities of the apprentice/trainee in the workplace	Advanced Machine Operator Specialised machine operator in the Polymer processing area. (afternoon shift)
RTO Details	Name	Melvin Training
	Contact Person	Sam Stone
	Contact Number	24582458
	Position	Training Manager
Structured Training	Proposed Commencement Date	25.02.2006
	Proposed Completion Date	20.06.2007

I have completed a pre-training review and have contributed to development of this plan. I am aware of my responsibility to ensure that this plan and its ongoing development is implemented and monitored over the duration of the Training Contract.	Employer signature	<i>Polly Purple</i>	Apprentice/Trainee signature	<i>Peter Pink</i>	RTO signature	<i>Sam Stone</i>
	Name	Polly Purple	Name	Peter Pink	Name	Sam Stone
	Date	11.02.2006	Date	11.02.2006	Date	11.02.2006

² For School Based Apprenticeships and Traineeships (SBATs) only	Name of School		Representative signature				
In order for the Training Contract to be registered with Skills Victoria as a SBAT a school representative is required to sign the student's Training Plan. The school's acknowledgement indicates: <ul style="list-style-type: none"> The student is enrolled in a senior secondary program (VCE or VCAL) The school's awareness of the Training Plan and certification that the study, training and work commitments of the student form an integral part of that student's school learning program and study timetable. In signing the Training Plan, the school is not endorsing the quality of the training for the SBAT, the occupational health and safety arrangements, or the wage arrangements/requirements.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Name</td> <td style="width: 80%;"></td> </tr> <tr> <td style="text-align: center;">Date</td> <td></td> </tr> </table>	Name		Date	
Name							
Date							

Training Plan Part II

Employer	XYZ Group Training	Apprentice/Trainee	Peter Pink
RTO	Melvin Training	Delta No (if known)	35793579
Qualification	Cert III in Process Manufacturing	Qualification Code	PMB30401

Units of Competence (1: To be completed after the pre-training review)		
Code	Title	Nom Hours
PMBQUAL390A	Solve problems by using quality tools	40
PMBWKOPS309B	Maintain and organise workplace records	20
PMBPREP301B	Set up and prepare for production	20

Competence Established (2: To be completed as competency is established)			
RPL/ RCC/CT	Date	Assessor name	Assessor signature

Total Units	21	Total Hours	520
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If you require more rows, press Tab in the last cell of the last row.

3: (To be completed once competence for the above qualification has been established)							
I certify that the effective date of completion of the qualification is <input style="width: 40px; text-align: center;" type="text"/> / <input style="width: 40px; text-align: center;" type="text"/> / <input style="width: 40px; text-align: center;" type="text"/> . For trainees, this completes the Training Contract. For apprentices seeking completion prior to the nominal date of completion, a statement of completion should be submitted to Skills Victoria.	Employer signature		Apprentice/Trainee signature		RTO signature		
	Name		Name		Name		
	Date		Date		Date		

Training Plan Part III

Employer	XYZ Group Training	Apprentice/Trainee	Peter Pink
RTO	Melvin Training	Delta No (if known)	35793579
Qualification	Cert III in Process Manufacturing	Qualification Code	PMB30401

Cycle number	1	Training and assessment proposal (not more than three months) from				25.02.2006	to	24.05.2006
Units of Competence		Workplace Mentor, Team Leader or Supervisor	Delivery		Assessment		Date proposed for final assessment	
Code	Title		WPB ¹ / Off	Trainer/s	Method ²	Assessor/s		
PMBCOMM 102B	Complete workplace documentation	John Black	WPB	Sam Stone	1,4	Robert Red	25.04.06	
PMBQUAL101A	Apply quality processes	John Black	WPB	Sam Stone	2,5	Robert Red	25.04.06	
PMBWKOPS 101B	Apply work procedures and practices	John Black	WPB	Sam Stone	1,3,4	Robert Red	25.04.06	
PMBWKOPS 106B	Work with others in a team	Oliver Orange (Production Coordinator)	WPB	Sam Stone	1,5,2	Sam Stone	14.05.06	
PMBOHS101B	Follow OH&S policies and procedures	John Brown (Safety Manager)	WPB	Robert Red	1,3,5	Sam Stone	14.05.06	
PMBHAN103B	Shift material safely by hand	John Brown (Safety Manager)	WPB	John Brown (Safety Manager)	3,5	Sam Stone	14.05.06	

If you require more rows, press Tab in the last cell of the last row.

¹ **Workplace Based Delivery (WPB)** – (training undertaken at the workplace)

Ensure all apprentices/trainees undertaking workplace based training at AQF levels 3 and above are withdrawn from routine work duties for a minimum of three hours per week, averaged over a four week cycle, for the purpose of undertaking structured training/learning activities (pro rata for part time).

Ensure all apprentices/ trainees undertaking workplace based training at AQF levels 1 and 2 are withdrawn from routine work duties for a minimum of 1.5 hours per week, averaged over a two month cycle, for the purpose of undertaking structured training/learning activities. This release must occur periodically.

The employer, apprentice/trainee and RTO must ensure that a log is maintained to record details of the workplace structured withdrawal.

² **Assessment Method/s**

- | | |
|------------------------|---------------------------|
| 1. Third Party Report | 4. Written Response |
| 2. Question and answer | 5. Observation |
| 3. Demonstration | 6. Other (please specify) |

Note: You can select more than one.

Description of training to be undertaken for this cycle	– additional detail
<input type="checkbox"/> Supported role rotation	
<input type="checkbox"/> Employer facilitated structured training	
<input checked="" type="checkbox"/> RTO facilitated structured training	Facilitated fortnightly sessions in training room based on attached timetable.
<input type="checkbox"/> Off the job training (attach timetable)	
<input checked="" type="checkbox"/> On line training	Complete induction via the company intranet.
<input checked="" type="checkbox"/> Special needs support eg language/literacy	Based on outcomes of the pre training review a “words for work” support program is in place.
<input checked="" type="checkbox"/> Set tasks conducted under supervision at the workplace	Participate in toolbox meeting focusing on safety issues and record actions.
<input checked="" type="checkbox"/> Completion of assigned written work	Complete set tasks in workbooks from chapters 2, 3 and 4.
<input type="checkbox"/> Other (please specify)	

To cross a checkbox, double-click on the checkbox, select Checked and then click OK.

Specific tasks/activities for this cycle
<ul style="list-style-type: none"> ➤ Review process flow in own area of production. ➤ Review Standard Operating Procedures (SOP) 10 (Housekeeping requirements) and SOP 12 (Manual Handling of raw materials). ➤ To develop skills in completing tally charts and run charts, play with the recommended computer games. ➤ Review “words at work” booklet to identify terms which need to be clarified. ➤ Attend the in house half hour x 4 literacy support sessions with ABC support services as time tabled. ➤ Record action from the toolbox meeting. ➤ Attend the timetabled training sessions.

I have contributed to the development of this cycle of the plan and am aware of my responsibility to ensure that it is implemented and monitored.	Employer signature		<i>Polly Purple</i>	Apprentice/Trainee signature		<i>Peter Pink</i>	RTO signature		<i>Sam Stone</i>
	Name	Polly Purple		Name	Peter Pink		Name	Sam Stone	
	Date	25.02.2006		Date	25.02.2006		Date	25.02.2006	

Training Plan Part III

Employer	XYZ Group Training	Apprentice/Trainee	Peter Pink	
RTO	Melvin Training	Delta No (if known)	35793579	
Qualification	Cert III in Process Manufacturing	Qualification Code	PMB30401	

Cycle number	2	Training and assessment proposal (not more than three months) from				31.05.2006	to	29.08.2006
Units of Competence		Workplace Mentor, Team Leader or Supervisor	Delivery		Assessment		Date proposed for final assessment	
Code	Title		WPB ¹ / Off	Trainer/s	Method ²	Assessor/s		
PMBMAINT 101B	Conduct housekeeping activities	John Black	WPB	Robert Red	1,5	Sam Stone	22.01.07	
PMBPROD 102A	Perform tasks to support production	John Black	WPB	Robert Red	1	Sam Stone	19.07.06	
PMBOHS204B	Apply emergency / incident procedures	John Brown (Safety Manager)	WPB	Robert Red	1,3,5	Sam Stone	19.07.06	
PMBOHS207B	Implement and monitor OH&S policies and procedures	John Brown (Safety Manager)	WPB	Robert Red	1,2	Sam Stone	19.08.06	
PMBMCMS 200A	Apply competitive manufacturing practices	John Black	WPB	Robert Red	1,2	Sam Stone	19.08.06	
PMBOHS101B	Follow OH&S policies and procedures	John Brown (Safety Manager)	WPB	Robert Red	4	Sam Stone	21.06.06	

If you require more rows, press Tab in the last cell of the last row.

¹ **Workplace Based Delivery (WPB)** – (training undertaken at the workplace)

Ensure all apprentices/trainees undertaking workplace based training at AQF levels 3 and above are withdrawn from routine work duties for a minimum of three hours per week, averaged over a four week cycle, for the purpose of undertaking structured training/learning activities (pro rata for part time).

Ensure all apprentices/ trainees undertaking workplace based training at AQF levels 1 and 2 are withdrawn from routine work duties for a minimum of 1.5 hours per week, averaged over a two month cycle, for the purpose of undertaking structured training/learning activities. This release must occur periodically.

The employer, apprentice/trainee and RTO must ensure that a log is maintained to record details of the workplace structured withdrawal.

² **Assessment Method/s**

- | | |
|------------------------|---------------------------|
| 1. Third Party Report | 4. Written Response |
| 2. Question and answer | 5. Observation |
| 3. Demonstration | 6. Other (please specify) |

Note: You can select more than one.

Description of training to be undertaken for this cycle	– additional detail
<input checked="" type="checkbox"/> Supported role rotation	Move into warehouse for a period of at least one week to focus on induction system and safety compliance.
<input checked="" type="checkbox"/> Employer facilitated structured training	Safety sessions on workplace new evacuation procedure facilitated by safety manager.
<input checked="" type="checkbox"/> RTO facilitated structured training	Facilitated fortnightly sessions in training room based on attached timetable.
<input type="checkbox"/> Off the job training (attach timetable)	
<input type="checkbox"/> On line training	
<input type="checkbox"/> Special needs support eg language/literacy	
<input checked="" type="checkbox"/> Set tasks conducted under supervision at the workplace	Organise and facilitate a session to brainstorm for ideas for productivity improvement.
<input checked="" type="checkbox"/> Completion of assigned written work	Chapters 5 to 8.
<input checked="" type="checkbox"/> Other (please specify)	Resubmit written material as discussed for reassessment of OH &S 101B.

To cross a checkbox, double-click on the checkbox, select Checked and then click OK.

Specific tasks/activities for this cycle
<ul style="list-style-type: none"> ➤ Completion of Hazard Identification reports. ➤ Weekly audits of housekeeping and improvements achieved in peer assessments. ➤ Participate in the practice sessions for emergency evacuation and complete compliance report (supplied). ➤ View the interactive safe behaviour CD and log responses. ➤ Outstanding material to be completed and ready for assessment on the 19.06.06. ➤ Attend the timetabled training sessions.

I have contributed to the development of this cycle of the plan and am aware of my responsibility to ensure that it is implemented and monitored.	Employer signature		<i>Polly Purple</i>		Apprentice/Trainee signature		<i>Peter Pink</i>		RTO signature		<i>Sam Stone</i>	
	Name	Polly Purple		Name	Peter Pink		Name	Sam Stone				
	Date	31.05.06		Date	31.05.06		Date	31.05.06				