

Section 1 – Contact Details

Student to Complete	Student Name:		Date of Birth:	
	Qualification Name:		Qualification National Code:	
	Commencement Date:		CIT Number:	
Employer or Representative to Complete	Employer/Business Name:		Employer ACT Address:	
	Employer ABN No:		Email Address:	
	Employer Contact Name:		Skilled Capital ID: <i>(RTO to complete)</i>	
	Employer Industry:			
	Employer Contact Phone No:			
RTO or Representative to Complete	RTO Name:	Canberra Institute of Technology	RTO National Code:	0101
	Contact Person:		Contact Phone No:	
	Email Address:			

Section 2 – Agreement Declaration Signatures

We, the undersigned, have participated in the negotiation and development of the Training Plan. We understand and are satisfied:

(tick)

- with the attached training plan arrangements to support and deliver the required training, including the proposed training mode/s and assessment method/s
- that an initial skills assessment of the student has been conducted and documented prior to commencement of training and where not possible prior to completion of the Training Plan

(tick or N/A)

- where foundation skills training and/or support is being delivered, the student is aware of the arrangements for delivery.
- where a work experience placement is offered as part of the training, the student is aware of the intended arrangements for the placement.
- where a Skill Set is being delivered, the student is aware they will not be awarded a full qualification.

Skilled Capital Student to Complete

Full Name:

Signature: Date:

[or electronic acknowledgment]

RTO (Authorised representative)

Full Name:

Signature: Date:

[or electronic acknowledgment]

Section 3 – Training and Assessment

Unit Code	Foundation Skills Unit Title <i>only use if applying for foundation skills</i>	Organisation responsible for Foundation Skills training delivery		Foundation Skills training delivery		Assessment Method	Delivery Mode
		RTO	Other RTO	Prior to qualification	Integrated delivery		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

National Id	Unit of Competency	Unit type Core (C)	Training Mode	Assessment Method	Delivery Mode

Training Mode Key (can be more than one) – for 'other' record key and description			
10	Classroom based	30	Employment based
20	Electronic based	40	Other delivery (specify)

Delivery Modes	
B	Distance Learning and Remote e-learning by RTO
C	Fully on-the-job (other than distance learning resources) by RTO
D	Blend of training by RTO including user of distance learning resource

Assessment Method Key (can be more than one) – for 'other' record key and description	
SR	Supervisor Report
QA	Verbal question and answer
O	Task observation by assessor
W	Written task
D	Demonstration by student
	Other (specify)