**Training Plan - Cadetship**

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| **Local Government Organisation Name:** | |  | | |
| **Cadet Name:** | |  | | |
| **Higher Education Provider Name:** | |  | | |
| **ABOUT THE TRAINING PLAN** | | | | |
| * The Training Plan describes what training is to be undertaken. * The Training Plan is developed by the Local Government Organisation in consultation/negotiation with the Cadet. * The Training Plan is a working document to be used for the duration of the Training Plan and must be updated as necessary to reflect the current status of training. * A copy of the current Training Plan, including any updates, must be kept by the Local Government Organisation and the Cadet, with a copy always accessible in the workplace. | | | | |
| **PARTS TO THE TRAINING PLAN** | | | | |
| **Cover** – Provides basic information about training plans and details obligations and undertakings by each party to the Training Plan.  **Part 1** – Provides essential Local Government Organisation details for the Cadet.  **Part 2** – Identifies the training being undertaken.  **Part 3** – Identifies support (eg. training materials, resources, facilities, supervision etc) that will be necessary to successfully undertake  and complete the training. | | | | |
| **OBLIGATIONS AND UNDERTAKINGS** | | | | |
| **Print Name** |  | | **Date signed** |  |
| **Employer** I, the undersigned, on behalf of the nominated employer, agree to:  **a.** The employer responsibilities as outlined in this Training Plan.  **b.** Provide work and, on the job, training consistent with formal training provided under this Training Plan.  **c.** Provide appropriately qualified/experienced and accessible supervision for this Cadet.  **d.** This Training Plan was developed in consultation/negotiation with the Cadet.  **e.** This Training Plan will be kept up to date and a copy regularly provided to the Cadet.  **d.** Regular updates will be provided to the Cadet on the progress of training. | | | | |
| **Departmental Supervisor Signature** |  | | **Position** |  |
| **Print Name** |  | | **Date signed** |  |
| **Cadet** I, the undersigned, agree that:  **a.** I am aware of and agree to my responsibilities as outlined in this Training Plan.  **b.** I will make every effort to successfully complete the training outlined in this Training Plan. | | | | |
| **Cadet Signature** |  | | **Position** |  |
| **Print Name** |  | | **Date signed** |  |

PART 1

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| **1.1 Cadet Personal Details** | | | | | | | | | |
| **Training Plan** | □ New □ Amended **Date:** | | | | | | | | |
| **Given Name** |  | | | **Family Name** | |  | | | |
| **Date of Birth** |  | | | **Gender** | | □ Female □ Male □ Unspecified | | | |
| **Street Address** |  | | | | | | | | |
| **Suburb** |  | | | | | **State** |  | | |
| **Postcode** |  | | **Telephone** | |  | | | **Mobile** |  |
| **Email** |  | | | | | | | | |
| **Aboriginal or Torres Strait Islander origin?** | | □ Yes □ No | | | | | | | |

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| **1.2 Training Details** | | | | | | | | | | | | | |
| **Contract Type** | □ Existing Cadet □ New Entrant Cadet | | | | | | | | | | | | |
| **Employment Type** | □ Fulltime □ Part time | | | **Hours per week** | | | |  | | | | | |
| **Start Date** |  | **End Date** | |  | | | |  | | | | | |
| **Qualification Title** |  | | | | | | | | | | | | |
| **Qualification Level** |  | | | | | | | | | | | | |
| **Mode of Delivery** | □ On campus □ Online | | | | | | | | | | | | |
| **Training Address** |  | | | | | **State** | |  | | | | **Postcode** |  |
| **Disability** | □ Yes □ No | | | | | | | | | | | | |
| **1.3 Local Government Organisation Details** | | | | | | | | | | | | | |
| **Street Address** |  | | | | | | | | | | | | |
| **Suburb** |  | | | | | | **State** | |  | | | | |
| **Postcode** |  | | **Telephone** | |  | | | | | **Mobile** |  | | |
| **Email** |  | | | | | | | | | | | | |

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| **1.4 Local Government Organisation Training Supervisor details** | | | |
| **Name of Workplace Supervisor** |  | **Contact Number** |  |
| **Email** |  | | |
| **Supervisor Qualifications** |  | | |

PART 2

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| **Cadet Name: Version No: Date:** | | | | | | | | | |
| **Supervisor Name: Contact Number:** | | | | | | | | | |
| **Units of Study** | | | **Formal Training Details** | | | **Workplace Training** | | | |
| Unit Code | Unit Name | Unit Type | Unit Training Start Date | Unit Training End Date | Responsibility for Training | Task/Competency | Employer confirmation of Competencies (signature) | Deemed Competent by Supervisor Y/N | Date |
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PART 3

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| **Cadet name:** | |
| **Workplace Support** | |
| What learning materials and resources will be provided to the Cadet by Local Government Organisation? |  |
| Does the Cadet need additional support? If yes, indicate the issue/s identified and what support and assistance will be provided? | □ Yes □ No |
| Where the Local Government Organisation is delivering training to the cadet, what are the training resources and other support measures that will be provided to the cadet? |  |

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| **Cadet name:** | |
| **On-The-Job-Training** | |
| List the workplace facilities and equipment necessary to support the delivery of this training. |  |
| Are the above facilities available in this workplace? If not, indicate alternative arrangements being put in place to address this issue. | □ Yes □ No |
| Does this workplace have the necessary range of work to support the on-the-job component of this training arrangement? If not, indicate alternative arrangements being put in place to address this issue. | □ Yes □ No |
| Does the Cadet have immediate access to appropriately experienced workplace supervisors? If not, indicate alternative arrangements being put in place to address this issue. | □ Yes □ No |

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| **Acceptance of Agreement** | | |
| We the undersigned, have discussed, understand and are satisfied with the attached Training Plan to support and deliver the required training. | | |
| Local Government Organisation Representative | x | Date |
| Cadet | x | Date |