**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.
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| **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 |