

# TRAINING PLAN FOR VOCATIONAL PLACEMENT

Course/Qualification code:

Title:

Approved vocational placement scheme hours:

Responsible officer:

Student details		Registered training organisation details		Placement person details	
Name		Name		Name	
Address		Address		Address	
Phone number		Admin contact		Phone number	
Date of birth		Phone number		Fax number	
Student number		Supervisor		Workplace supervisor	
Agreement start date		Phone number		Additional information	
Agreement finish date		Work unit			
Duration		Additional information			
Total nominal hours					
Mode of attendance	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				
Special needs					

Placement person information pack	<i>Date issued</i>		Training record book			
	<i>Issued by</i>		<i>Supervisor's signature</i>			
	<i>Received by</i>					
Student information pack	<i>Date issued</i>					
	<i>Issued by</i>					
	<i>Received by</i>					
Records of visits and phone calls	Initials					
	Date					
Records of correspondence	Initials					
	Date					



Other information/notes

We confirm that we understand and agree to the above training plan.

Student		Registered training organisation representative		Placement person	
Sign		Sign		Sign	
Date		Date		Date	