

TRAINING PLAN

Section 1 – Contact Details

Student Name:		Date of Birth:	
Qualification Name:	Hospitality Compliance (Skill Set)	Qualification National Code:	SITSS00052
Commencement Date:			
RTO Name:	Access Recognised Training	RTO National Code:	88203
Contact Person:	Bibitha Felix	Contact Phone Number:	02 5100 4985
Email Address:	bibithaf@accessrt.edu.au		

Section 2 – Signatures

Agreement Declaration

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

(must 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, including:
 - an individual assessment of foundation skills level, additional support needs and the appropriateness of the qualification level; and
 - RPL and credit transfer arrangements have been explained, and, where applicable, offered.

(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.

Student Signature: _____ Date: _____

RTO (Authorised Representative): _____

Signature: _____ Date: _____

Section 3– Training and Assessment

Unit Code	Foundation Skills Unit Title	Organisation responsible for Foundation Skills training delivery		Foundation Skills training delivery		Assessment Method
		RTO	Other RTO	Prior to qualification	Integrated delivery	
SITHFAB002	Provide responsible service of alcohol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W, SR, D
SITHGAM001	Provide responsible gambling services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W, SR, D
SITXFSA001	Use hygienic practices for food safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W, SR, D
SITXFSA002	Participate in safe food handling practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W, SR, D

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

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

TRAINING PLAN

Section 1 – Contact Details

Student Name:		Date of Birth:	
Qualification Name:	Food Handling (Skill Set)	Qualification National Code:	SITSS00050
Commencement Date:			
RTO Name:	Access Recognised Training	RTO National Code:	88203
Contact Person:	Bibitha Felix	Contact Phone Number:	02 5100 4985
Email Address:	bibithaf@accessrt.edu.au		

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(tick or N/A)

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Signature: _____ Date: _____

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		RTO	Other RTO	Prior to qualification	Integrated delivery	
SITXFSA001	Use hygienic practices for food safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W, SR, D

Assessment Method Key (*can be more than one*) – for ‘other’ record key and description

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