# Training Program Proposal

|  |  |
| --- | --- |
| **Author of Proposal** |  |
| **Title of program** |  |
| **Client**  (Name, organisation, and contact details) |  |
| **Purpose of the training program** |  |
| **Organisational and Legislative requirements** |  |
| **Outline the evidence showing that the Training Program is required or would be in demand** |  |
| **Target learner characteristics** |  |
| **Access and equity considerations** |  |
| **Reasonable Adjustments and Support Strategies for learners with special needs** | |
| **Hearing impaired** |  |
| **Sight impaired** |  |
| **Low LLN ability** |  |
| **Physical disability** |  |
| **Intellectual challenge** |  |
| **Mental Health challenge** |  |
| **Other**  (please specify) |  |

|  |  |
| --- | --- |
| **Client Interview Notes** | **Date:** |
| **Research** | **Date:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Training Package Code and Title** |  | | |
| **Qualification/Skill Set/Individual Unit Code and Title** |  | | |
| **Unit Code & Title** | | **Status** | **Core/ Elective** |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| **Overview of content** |  | | |
| **Outline reasons for choosing the electives** |  | | |
| **Existing resources** |  | | |
| **Required resources** |  | | |
| **Learning environment/venue(s)** |  | | |
| **Timeframe/Scheduling** |  | | |
| **Summary of costs** |  | | |

| **Session** | **Key Topics** | **Training** | | | **Assessment methods** |
| --- | --- | --- | --- | --- | --- |
| **Unit/ Elements** (as appropriate) | **Delivery Strategies** | **Resources** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |

## **Risk Assessment and Management Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Location** |  | **Date** |  |
| **Description of hazard** | | | |
|  | | | |

On the following chart, circle or highlight the most likely harm to a person if the risk happens (along the top). Next circle how often it COULD happen (left hand side). The risk priority (score) is the intersecting number.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **Risk priority chart** | | | |
| **Probability**  How likely could it happen? | | **Consequence**  How severely could it hurt someone? | | | |
| **Catastrophic**  Kills, permanently disables | | **Major**  Significant injury | **Minor**  First aid only |
|  | | **Permanent injury** | | **Not permanent** | **No lost time** |
| **Very likely**  Could happen frequently | | 1 | | 2 | 2 |
| **Likely**  Could happen occasionally | | 2 | | 3 | 4 |
| **Unlikely**  Could happen rarely | | 3 | | 4 | 5 |
| **Very unlikely**  Could happen, probably never will | | 4 | | 5 | 6 |
| **What is the risk priority? (score from 1-6 from the above chart).** | | | **Chose control measures from the highest possible level in the following list:** | | |
| 1 or 2  3 or 4  5 or 6 | HIGH PRIORITY – Risk must be controlled mitigated prior to learner placement  IMPORTANT – Control or mitigate risk by agreed date and prior to next review  DESIRABLE – do something to address the risk. | | 1. Elimination 2. Substitution 3. Isolation/ engineering 4. Administrative 5. Personal protective equipment | | |
| **Control measures/Action to take:**  (Include person responsible and required completion date) | | | | | |
| **Now** |  | | | | |
| **Later** |  | | | | |

In many cases, the best method of control for health and safety risks will be a combination of methods.

|  |
| --- |
| **Learning Content** (Use the below Mind Map to developlearning content for one Key Topic).  Develop a handout, PowerPoint, fact sheet, or other learning material to be uploaded with your Training Program Proposal) |
|  |

**Appendix**