## Assessment Plan – RPL Model

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| --- | --- | --- | --- | --- | --- |
| **Unit Code** | **Unit Title** | | **Can this unit be assessed holistically with other units? If yes, please specify below** | | Yes No |
|  |  | |  | | |
| **Assessor/s** |  | |
| **Assessment Method** | | RPL | | | |
| **Target Candidate(s)**  (Describe the candidate cohort generally and identify special needs) | |  | | | |
| **Applicable industry or workplace standards , and Training Package advice** (if any) | |  | | | |
| **Special arrangements and allowable adjustments that may be made** | |  | | | |
| **Stakeholders that the assessment arrangements need to be confirmed with** e.g work supervisor | |  | | | |
| **Do any venue bookings or transportation arrangements need to be made (please specify)** | |  | | | |
| **How will the following information be provided to the candidate? (E.g email, dropbox, mail, phone)** | | Unit of Competence | |  | |
| Student Handbook (including relevant policies and procedures) | |  | |
| RPL Application/Enrolment Pack | |  | |
| Suggested Evidence Guide | |  | |
| Date and Time for Competency Interview (if required) | |  | |
| Date and Time for observation (if required) | |  | |
| **How will the candidate submit RPL evidence?** | |  | | | |
| **Recording and Reporting Procedures** | |  | | | |