**Appendix C (Example 1)**

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| --- |
| **TRAINING PLAN (20##) as at - / -- /20--** |

|  |  |
| --- | --- |
| **SCHOOL/BRANCH:** | **[INSERT NAME OF SCHOOL/BRANCH]** |

**Note:** Where training is identified and monitored using another database/system, it is not necessary to include the activity on the Training Plan, if it meets the requirements of this handbook chapter.   
(e.g. The system used enables level 2 (proficiency based) and level 3 (competency/licence/qualification required) for the worker to be listed, gaps to be identified and corrective action taken where required. e.g. a Lab logbook of training may be used. We aim to remove duplication of effort and administration where possible.)

**LEGEND**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Essential (Day 1-5)**  **(Note - The time-frame is determined by the School/Branch** |  | **Essential**  **(one-off instruction/training prior to completing the activity/accessing an area.** |  | **Essential prior to commencement of activity then refresher each year** |  | **Essential prior to commencement of activity then refresher each 2 yrs** |  | **Essential prior to commencement of activity then refresher each 3 yrs** |  | **Essential prior to commencement of activity then refresher each 5 yrs** |  | **Not**  **Applicable** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Level 2 (Instruction)**  **(A level of proficiency is required before completing the task)** | | | **Level 3 (Training)**  **(Competency/licence/qualification is required**  **before completing the task/role.)** | | | | |
| **Names** | **Working in an area containing hydrofluoric acid**  **(Proficiency)** | **Use of Liquid Nitrogen**  **(Proficiency)** | **Use of a Microtome**  **(Proficiency)** | **Chief Warden Training (Includes Deputies where applic)**  **(Competency)** | **Warden**  **Training**  Level 1  **(Competency)** | **First Aid Training**  **Competency** | **Confined Space Entry**  **(Competency)** | **Fork lift operation**  **(Competency)** |
| **Head of School** |  |  |  |  |  |  |  |  |
| Worker A | **5/6/16** |  |  |  |  |  |  |  |
| **Manager/Supervisors** |  |  |  |  |  |  |  |  |
| Worker B | **9/8/16** | **6/9/13** |  |  |  | **8/5/16** |  | **5/5/15** |
| Worker C | **5/10/16** |  |  |  |  |  |  | **5/5/15** |
| **Staff** |  |  |  |  |  |  |  |  |
| Worker D | **9/11/16** | **9/9/15** | **4/10/13** | **4/10/15** |  |  |  |  |
| Worker E | **5/1/17** |  | **4/10/13** | **4/10/15** |  |  |  |  |
| Worker F | **5/4/17** |  |  |  |  | **1/11/14** | **1/11/15** |  |
| Worker G | **5/4/16** |  |  |  | **1/5/15** |  |  |  |

**The Training Plan(s)** will need to be populated according to your needs and the Legislative requirements set out in [Appendix B](#AppendixB).

Please click on this link if you require a blank version of this template [Training Plan (Template A)](https://www.adelaide.edu.au/hr/hsw/hsw-policy-handbook/hsw-training-plan-handbook-chapter)

**The legend**: A colour in a box (except for grey) identifies training is required. The colour identifies the frequency (when due). A date indicates that the training has been completed and is current.

Do not leave an expired date in the box. The template should enable the Head of School/Branch/Supervisor/person nominated to maintain the Training Planto quickly identify where there is a training gap.