

Training & Assessment Strategy Checklist Form

Program Application Form

SECTION 1 – Course Details

Course Name:		Course (SMS) No.	
Date/s			

SECTION 2 – Actions to Prepare for Course Occurrence *(All supporting documentation to be kept on Course File)*

Course Preparation				
<input type="checkbox"/> Course Schedule	Initial		Date:	/ /
<input type="checkbox"/> Learning Material / Mapped	Initial		Date:	/ /
<input type="checkbox"/> Assessment Material / Mapped	Initial		Date:	/ /
<input type="checkbox"/> Course Advertising Material	Initial		Date:	/ /
Trainer / Assessor				
<input type="checkbox"/> Trainer Confirmed	Initial		Date:	/ /
<input type="checkbox"/> Trainer's Approval Form	Initial		Date:	/ /
<input type="checkbox"/> Trainer's Professional Development	Initial		Date:	/ /
<input type="checkbox"/> Trainer's Industry Currency	Initial		Date:	/ /
Training Resources				
<input type="checkbox"/> Training Resources Ready for Student Use	Initial		Date:	/ /
<input type="checkbox"/> Training Resources Competency Mapping Form	Initial		Date:	/ /
Assessment Resources				
<input type="checkbox"/> Assessment Resources Ready for Student Use	Initial		Date:	/ /
<input type="checkbox"/> Assessment Resources Competency Mapping Form	Initial		Date:	/ /
Course Improvements				
<input type="checkbox"/> List of Changes in Materials Reason: _____	Initial		Date:	/ /
<input type="checkbox"/> Industry Consultation Report	Initial		Date:	/ /
Client				
<input type="checkbox"/> Student Pre-Course Information Material	Initial		Date:	/ /
Venue				
<input type="checkbox"/> Venue confirmed Specify: _____	Initial		Date:	/ /
For Office Use:				
<input type="checkbox"/> Client enrolments:	Initial		Date:	/ /
<input type="checkbox"/> Enrolment Code Created / Advised:	Initial		Date:	/ /
<input type="checkbox"/> Course Setup:	Initial		Date:	/ /