Apprentice/Trainee File Note



Apprentice Name:Qualification Title:	_C.S. ID Number:Employer Name:
Items discussed Progress of training in accordance with training plan Review of units and training for the next cycle Employer responsibilities in relation to workplace training and release time requirements Progression point of training Training issues or difficulties Changes of circumstances or details	Date of contact: / / Contact by: Contact to: Work Site FedUni Campus Phone Email Other
Notes:	
	gnature:Date:/ /
OFFICE USE ONLY Revised copy of training plan to be sent Progression point letter to be sent	Follow up required:

Warning - Uncontrolled when printed! The current version of this document is kept on the FedUni website.

Authorised by: Learning and Teaching
Document Owner: Apprenticeship Compliance Officer
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