

Trainee Transition Application Form for Core Competencies Version 5

If you are currently enrolled in the National Certificate in Community Support Services (Core Competencies) (Level 3), Version 4, you can choose to transition to the National Certificate in Health, Disability, and Aged Support (Core Competencies) (Level 3), Version 5, in order to undertake the elective unit standards available in Version 5. Please note that if you intend to complete the same unit standards in Version 4 you do not need to transition.

If you wish to transition from Version 4 to Version 5 of Core Competencies, please complete this form in full and return it to Careerforce, PO Box 25255, Christchurch 8144

1. Current Training Agreement details

Company name: _____ Site/branch: _____

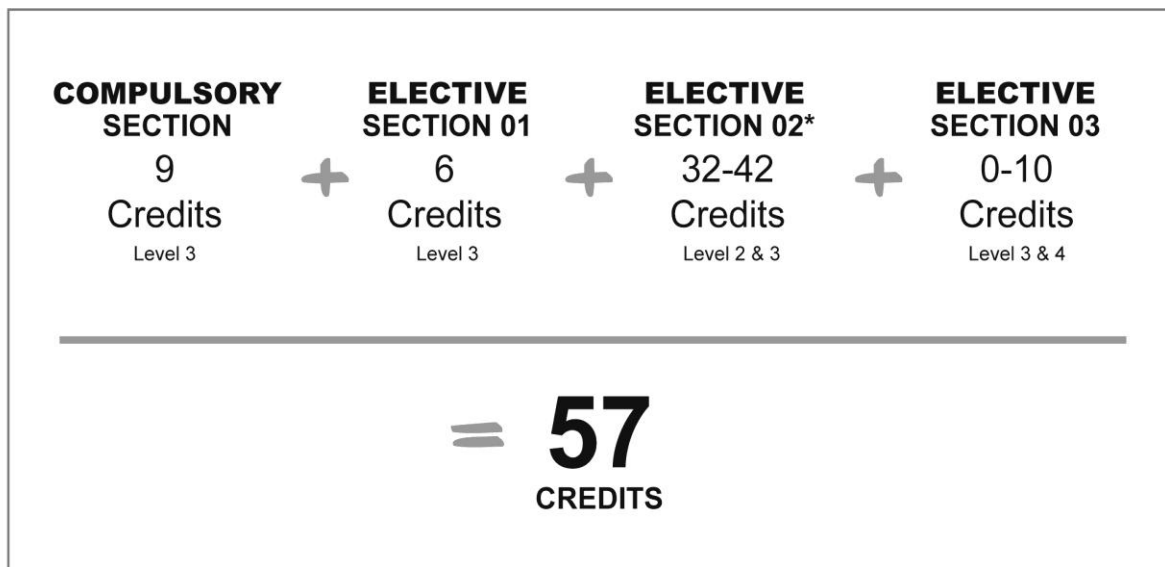
Your legal first name(s): _____ Your legal last name: _____

Your date of birth (e.g. 30/11/1985): / /

Manager/training coordinator's signature: _____ Trainee's signature: _____

2. Programme enrolment

The average timeframe in which people complete this programme is 15 months.



*A minimum of 15 credits at level 3

If you have not yet completed the following compulsory unit standards in Version 3 you will be enrolled in:

- US1836 Recognise indicators and describe responses to suspected abuse of people using health or disability services
- US23385 Describe self-advocacy and support a self-advocacy process in a health or disability setting
- US27104 Apply the Code of Rights when supporting people in an aged care, health, or disability context

Elective Section 03

To achieve the minimum 57 credits required to complete this qualification, you may choose **up to 10 credits (with a maximum of 6 credits at Level 3)**

Total value must equal at least 57 credits

4. Fees and payment

This fee is not refundable. The \$30 fee is payable by (Tick one):

Employer* Employee/trainee** Other (please specify) _____

*If the employer is paying the fee and a cheque is not attached, the employer will be invoiced.

**If the trainee is paying the fee a cheque or automatic payment form must be attached Attached

Entered by:	-----/-----/-----	Checked by:	-----/-----/-----
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