

Training Adjustment Plan



Student Name	
Date	
Adjustment Type	Training / Assessment / Equipment / LLN
Contact Details	

This document is to be developed in conjunction with the student and submitted to the RTO Manager for approval

Comments:

Students Signature:		Date:	
Trainers Signature:		Date:	
Senior Management Approval		Date:	
Copy given to Student	YES / NO	Date:	
Adjustment discussed at Quality & Compliance Meeting	YES / NO	Date:	