

RTO form: STUDENT OR TRAINEE INDUCTION CHECKLIST

Student Surname: _____ First Name: _____

Course name: _____

I acknowledge I have received the following:

Student handbook	<input type="checkbox"/>
Complaint procedure	<input type="checkbox"/>
RPL application form	<input type="checkbox"/>
CT application form	<input type="checkbox"/>
Request for extension form	<input type="checkbox"/>
Timetable/course outline or individual study plan	<input type="checkbox"/>
Contact details of facilitator	<input type="checkbox"/>
USI Permission form	<input type="checkbox"/>

This form must be signed and returned to MDS Training, via post or email or hand

Declaration

I, _____ have read/viewed/accessed or been provided with the above and agree to abide by the policies and information listed.

Signature: _____ Date: _____

Declaration

I, _____ understand that any information I provide, or any results from my study may be used to provide information to Government departments and other agencies who have the authority to be provided with non-identifying information.

Signature: _____ Date: _____

Third party workplace supervisor declaration

Most of the courses require a third party workplace supervisor who is able to observe and then record they have observed the student completing these tasks. We require the name and contact details of this person for authentication purposes only.

I, _____ understand that by completing this form I am stating I am the authorised supervisor for the above named student.

Name: _____ Position Title: _____

Email: _____ Phone: _____