

**Title and Level of Qualification** Certificate II in Automotive Aftermarket Manufacturing – Accessory Fitting

**National Qualification Code** AUR 202 05

**Duration:** 24 months

*Total of 14 units from Levels 2 or 3 are required*

Level	Unit No.	Unit Title
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\*Maximum of 2 Units of Competence at Level 3

1. COMPULSORY UNITS OF COMPETENCE		
2	AURC 270103A	Apply Safe Working Practices
2	AURC 272003A	Apply Environmental Regulations and Best Practice in a Workplace or Business

2. UNITS OF COMPETENCE		
<i>Select 9 units from the following group (8 units are compulsory, delete units not required)</i>		
*Compulsory Unit		
2	*AURC 251677A	Use Numbers in the Workplace
2	*AURC 270421A	Establish Relations with Customers
2	*AURE 218664A	Remove and Replace Electrical / Electronic Units / Assemblies
2	*AURS 241769A	Sell Product(s)
2	*AURT 270278A	Use and Maintain Workplace Tools and Equipment
2	*AURV 227064A	Remove and Replace Mechanical Units / Assemblies
2	*AURV 232165A	Remove, Replace, Fit and Test Components / Accessories
2	*BSBCMN208A	Deliver a Service to Customers
2	AURE 218670A	Service, Maintain or Replace Batteries
2	AURE 224008A	Carry out Soldering of Electrical Wiring / Circuits
3	AURT 366108A	Carry out Diagnostic Procedures

3. UNITS OF COMPETENCE		
<i>Select 3 units from the following group (delete units not required)</i>		
2	AURS 238127A	Identify and Select Automotive Parts and Products
2	AURS 252290A	Process Customer Complaints
2	AURT 270278A	Use and Maintain Measuring Equipment
2	BSBCMN209A	Provide Information to Clients
2	MEM5.17AB	Weld Using Gas Metal Arc Welding Process
2	MEM5.4AB	Perform Routine Oxy Acetylene Welding
2	MEM5.7AB	Manual Heating and Thermal Cutting

## APPRENTICESHIP / TRAINEESHIP TRAINING PLAN

**(A) Name of apprentice/trainee**

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**(B) Training Arrangement No.....**  
*(supplied by TAM after contract approval)*

**(C) Australian Apprenticeships Centre**

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**(D) Probationary Period .....months.**

<p style="text-align: center;"><b>QUALITY AUTOMOTIVE TRAINING</b></p> <p><b>Name of registered training organisation (RTO)</b></p> <p>.....</p> <p style="text-align: center;">Name of person authorised by RTO</p> <p>.....</p> <p style="text-align: center;">Signature of person authorised by RTO</p> <p>.....</p> <p>Date.....</p>	<p><b>Legal name of employer (as on Training Contract)</b></p> <p>.....</p> <p style="text-align: center;">Name of person authorised by employer</p> <p style="text-align: center;"><i>I have been made aware of the requirements of this Training Plan.</i></p> <p>.....</p> <p style="text-align: center;">Signature of person authorised by employer</p> <p>.....</p> <p>Date.....</p>
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**Australian School-based Apprenticeships only**

**Name of school and suburb**

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*I certify that the Australian School-based Apprenticeship commenced by the above named student is endorsed by the school as an integral part of the school program.*

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**Signature of Principal**

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**Date**

**Name of Apprenticeship/Traineeship (declared vocation, trade or occupation)**

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Is the training to be delivered completely on the job by the employer and supported by mentoring arrangements with the RTO?  
**Yes**  If **Yes**, state the method of ensuring the integrity of the training and assessment process:

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**No**  If **No**, and trainees and apprentices receive training directly from an RTO either at the employer's premises, or off-site with the RTO, please indicate the mode of delivery and release pattern for the off-the-job training (*eg block release, regular training day*)

Regular Training Day

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**RTO's expectations of the employer:** *(tick whichever applies)*

- |   |   |
|---|---|
| <p><input checked="" type="checkbox"/> provide on-the-job skill development</p> <p><input checked="" type="checkbox"/> complete Training Record Book</p> <p><input checked="" type="checkbox"/> provide trainee/apprentice and RTO with feedback on performance</p> | <p><input checked="" type="checkbox"/> assess trainee/apprentice competencies</p> <p><input checked="" type="checkbox"/> maintain training records</p> <p><input checked="" type="checkbox"/> other (please specify).....</p> |
|---|---|

**Apprentice/Trainee Declaration**

I have been made aware of the requirements of this Training Plan.  
 I understand the information provided on this Training Plan:

- is collected for the purposes of registration, preparing statistics, reporting, contract and program monitoring and evaluation and calculating funding for payments to Registered Training Organisations.
- may be disclosed to and used for these purposes by Commonwealth and State government departments and agencies, employers, nominated Australian Apprenticeships Centres, nominated Registered Training Organisations and nominated non-government education authorities, and
- may otherwise be disclosed without consent where authorised or required by law.

I (the apprentice/trainee) understand that the Registered Training Organisation nominated on this training plan may provide information to my employer and Traineeship and Apprenticeship Management, concerning any matters relating to my training.

I (the apprentice/trainee) understand that information relating to any previous contracts of training I have had may be released to my nominated Australian Apprenticeships Centres and Registered Training Organisations to calculate eligibility for employer incentives and User Choice funding, and to meet Commonwealth and State Government requirements.

I understand my Australian Apprenticeships Centre may release Training Contract details to my Registered Training Organisation so that the RTO can develop a Training Plan and submit it to Traineeship and Apprenticeship Management.

Signature of apprentice/trainee ..... Date.....