

**Title and Level of Qualification** Certificate II in Automotive Warehousing/Distribution Operations

**National Qualification Code** AUR 212 05

**Duration:** 24 months

**Total of 20 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	AURC251677A	Use Numbers in the Workplace
2	AURC270103A	Apply Safe Working Practices
2	AURC270421A	Establish Relations with Customers
2	AURC270688A	Work Effectively with Others
2	AURC270789A	Communicate Effectively in the Workplace
2	AURC272003A	Apply Environmental Regulations and Best Practice in a Workplace or Business
3	BSBCM311A	Maintain Workplace Safety

2. UNITS OF COMPETENCE		
<i>Select 10 units from the following group (Delete units not required)</i>		
2	AURA254180A	Operate Information Technology Systems
2	AURC252327A	Identify, Clarify and Resolve Problems
2	AURS238127A	Identify and Select Automotive Parts and Products
2	AURS241803A	Apply Legal Requirements Relating to Product Sales
2	AURS252290A	Process Customer Complaints
2	TDTA 1197B	Package Goods
2	TDTA 1297B	Pick and Process Orders
2	TDTA 1397B	Receive Goods
2	TDTA 2197B	Despatch Stock
2	TDTD 397B	Handle Hazardous Substances/Dangerous Goods
2	TDTD 1097B	Operate a Forklift
2	TDTD 2998B	Prepare Articles for Delivery
2	WRRI 1B	Perform Stock Control Procedures
3	BSBCM310A	Deliver and Monitor a Service to Customers
3	TDTA 1597B	Complete Receipt/Despatch Documentation
3	TDTE 297B	Estimate/Calculate Mass, Area and Quantify Dimensions

3. UNITS OF COMPETENCE		
<i>Select 3 units from the following group (Delete units not required)</i>		
2	AURC270889A	Communicate Business Information
2	BSBCM208A	Deliver a Service to Customers
2	BSBCM209A	Provide Information to Clients
2	TDTA 197B	Secure Cargo
2	TDTD 197B	Shift Materials Safely Using Manual Handling Methods
2	TDTD 1397B	Move Materials Mechanically Using Automated Equipment

## 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>Name of person authorised by RTO</p> <p>.....</p> <p>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>Name of person authorised by employer</p> <p><i>I have been made aware of the requirements of this Training Plan.</i></p> <p>.....</p> <p>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**

.....

**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.....