

Title and Level of Qualification Certificate III in Automotive Sales – Vehicle

National Qualification Code AUR 310 05

Duration: 36 months

Total of 28 units from Levels 2, 3 or 4 are required

Level	Unit No.	Unit Title
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*Maximum of 18 Units of Competence at Level 2 **and**

*Maximum of 2 Units of Competence at Level 4

1. COMPULSORY UNITS OF COMPETENCE		
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
2	AURS241769A	Sell Product(s)
2	BSBCM208A	Deliver a Service to Customers

2. UNITS OF COMPETENCE		
<i>Select 18 units from the following group (11 units are compulsory, delete units not required)</i>		
*Compulsory Units		
2	*AURC251677A	Use Numbers in the Workplace
2	*AURS238150A	Present Stock and the Sales Area
2	*AURS241303A	Apply Sales Procedures
2	*AURS241803A	Apply Legal Requirements Relating to Product Sales
2	*AURS252290A	Process Customer Complaints
2	*BSBCM205A	Use Business Technology
2	*WRRM 1B	Merchandise Products
3	*AURC362807A	Build Customer Relations
3	*BSBCM310A	Deliver and Monitor a Service to Customers
3	*BSBFLM312A	Contribute to Team Effectiveness
3	*BSBSLS301A	Develop Product Knowledge
2	AURA254180A	Operate Information Technology Systems
2	AURC252327A	Identify, Clarify and Resolve Problems
2	AURS242621A	Promote Products and Services
2	BSBCM209A	Provide Information to Clients
3	AURC363337A	Maintain Business Image
3	AURS344330A	Inspect, Appraise and Purchase Used Motor Vehicles to Supplement Stock for Sale
3	BSBADM307A	Organise Schedules
3	BSBEBUS305A	Sell Online
3	BSBSBM301A	Research Business Opportunities
3	BSBSLS302A	Identify Sales Prospects
3	BSBSLS304A	Secure Prospect Commitment
3	BSBSLS305A	Support Post-sale Activities
3	SRXTEM 004A	Deal with Conflict
4	BSBSBM407A	Manage a Small Team

AUR310 05 Sales – Vehicle (Cont..)

3. UNITS OF COMPETENCE		
<i>Select 3 units from the following group (delete units not required)</i>		
2	AURC270889A	Communicate Business Information
2	AURS241608A	Carry Out Cash and/or Credit/Funds Transfer Transactions
3	AURC362721A	Establish Customer Requirements of a Complex Nature
3	BSBCMN307A	Maintain Business Resources
3	BSBFLM303B	Contribute to Effective Workplace Relations
4	BSBCMN410A	Coordinate Implementation of Customer Service Strategies

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 Periodmonths.

<p style="text-align: center;">QUALITY AUTOMOTIVE TRAINING</p> <p>Name of registered training organisation (RTO)</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>Legal name of employer (as on Training Contract)</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> |
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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.....