

PROVIDER ASSESSMENT PLAN 2010

Provider Name: _____ Provider Number: _____

We will be delivering/assessing BCITO unit standards in 2010 Yes No (If no, please go to section C.)

A. PROGRAMMES/TYPES OF CLASSES WHERE BCITO UNIT STANDARDS ARE TO BE DELIVERED

Please indicate programmes being provided and list the unit standards in each (or provide own schedule).

Carpentry Pre-Trade Yes No

Units					

BConstructive (BCATS) Yes No

Units	Units	Units

Youth Guarantee Yes No

Units	Units	Units

Other (please specify)

Units					

B. EXTERNAL TRAINING ARRANGEMENTS

Do you have any current external training arrangements or Memoranda of Understanding (MoU) with other tertiary institutions or secondary schools for BCITO unit standards (including Gateway)? Yes No

Please list the organisation/s you have training arrangements with and the BCITO unit standards covered by the MoU.

Organisation Name: _____ Programme: _____

Units					

Organisation Name: _____ Programme: _____

Units					

C. ASSESSMENT PLAN COMPLETED BY:

Contact Name: _____

Designation: _____ Date: _____

Contact Phone: _____ Email: _____

Please post to the above address or fax to 03 358 7295 by «return_date»
Attn: Lesley Brittenden, BCITO Quality Assurance