

Assessment Validation Plan

This form is to be used within the Section for recording assessment validation for each unit and qualification and reviewed and updated at least annually. To use this form online, click in the checkboxes then type in the shaded fields, otherwise it can also be printed and completed manually.

Qualification name and number: ***NAT11297 Minimum Australian Context Gap***

Units (List below individual Units or Clusters of Units to be validated both core & elective)

Unit No	Unit Name	Responsibility (Insert Team Leader's name)	Date for Completion	Date of next review	Validation Completed	Validated Assessment loaded to Team Shares
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Unit No	Unit Name	Responsibility (Insert Team Leader's name)	Date for Completion	Date of next review	Validation Completed	Validated Assessment loaded to Team Shares
NAT11297001	Apply Australian Work Health and Safety practices in the electrical workplace				<input type="checkbox"/>	<input type="checkbox"/>
NAT11297002	Document and apply control measures for Australian electrical workplace hazards and risks				<input type="checkbox"/>	<input type="checkbox"/>
NAT11297003	Apply Australian standards and requirements to solve LV a.c. circuits/systems problems				<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAT11297004	Select protection devices and systems for low voltage circuits and apparatus				<input type="checkbox"/>	<input type="checkbox"/>
NAT11297005	Select wiring systems and cables for low voltage electrical installations				<input type="checkbox"/>	<input type="checkbox"/>
NAT11297006	Verify compliance, functionality and aspects critical to the safety of electrical installations-Capstone Unit				<input type="checkbox"/>	<input type="checkbox"/>
NAT11297012	Lay and connect Australian telecommunication services for multiple access				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NAT11297013	Install, modify and verify coaxial and structured communication copper cabling				<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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Comments:

Section Validation Plan Completed by:

Name:	Position:	Signature:	Date:
Dr Kyaw Naing	Training Manager		27/05/15