

APPLICANT DETAILS

Course in Applied Vocational Study Skills (CAVSS) Request Form

RTO name:	
KTO Hame.	
COURSE DETAILS	
COURSE DETAILS	
Delivery region:	
Parent qualification national code:	
Parent qualification name:	
Parent qualification hours (as listed on TAMS):	
Student places:	
If you intend to partner places provide th	e name of the RTO registered to deliver CAVSS:
RTO national ID:	e name of the KTO registered to deliver CAVSS.
Legal name:	
Trading name:	
Discourse vide details for the negroes the	Saniar Litaraay Officer can contact to discuss CAVCC
delivery:	Senior Literacy Officer can contact to discuss CAVSS
Contact name:	
Contact position:	
Contact phone:	
	de a brief description of your teaching program for the
parent qualification.	
1. Start date: 2. Finish date:	
3. Proposed duration of the course in wee	oks.
4. Scheduled number of class-based teac	
5. Scheduled number of other face to face	
6. Estimated number of work placement d	ays to be provided per student:
Additional details:	

Describe the Units of Competence and/or industry concepts to students' literacy/numeracy skills:	that are the most de	emanding of
Describe teaching/learning/assessment strategies and/or mar literacy/numeracy demands on students:	terials that create a	dditional
interacy/numeracy demands on students.		
Briefly describe the steps you have taken to ensure that your accepts the CAVSS team-teaching model:	vocational lecturer	r understands and
Please indicate in the table below the CAVSS modules you w the module hours as defined in TAMS, in the appropriate columits per 6 month period)		
the module hours as defined in TAMS, in the appropriate colu	umn. (Maximum of 1	
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Completed forms must be submitted via email to: training.markets@dtwd.wa.gov.au