NWDFMidpoint Advice



Program details: (To be completed per learner)			
NWDF Project:	NWDF		
Enterprise:		RTO:	
Learner Name (Print):		
Qualification Name:			
Qualification Code:		Total units for qualification to be completed:	units
Midpoint payment evidence: - (to be completed upon successful completion of 50% of the units of the qualification or otherwise negotiated in writing with TLISC)			
Units completed: (Please provide TLISC with a report from the Registered Training Organisation's Student Management System or enter completed Units of Competency codes below),			
A separate report will be provided to TLISC identifying the Units successfully completed;			
OR: Successfully completed Unit codes are:			
1.	2.	3.	
4.	5.	6.	
7 .	8.	9.	
10.	11.	12.	
13.	14.	15.	
*Employee Signature:			
*RTO Representative Name:		*Signature:	
*Please advise if the % of Credit Transfer has changed from the original numbers for any of the learners			
Employer acknowledgement:			
I confirm the above employee has completed 50% of the units required for this qualification. I am satisfied with the service provided by the RTO and progress of the staff member to date.			
*Employer Name (Print):		Signature:	
*Signatures mandatory			