| **Training Plan** | | | |
| --- | --- | --- | --- |
| **Purpose:** The Training Plan defines the schedules, courses, tools and techniques required to meet the training requirements for the solution. The Training Plan should be drafted during the Design stage of the SDLC prior to the completion of the Transition Agreement. The Training plan must be finalized in the Execute stage.  Each section of the Training Plan must be completed in full. If a particular section is not applicable, then you must write ‘*Not Applicable*’ and provide a reason.  **Important Note:** No sections are to be deleted from this document. Instructions within parenthesis (<< >>) provide information on how to complete the section. These instructions can be deleted once you have completed the section. | | | |
| **Project Number** | << DTC Number >> | **Project Name** | << Project Name >> |
| **Project Manager** | << Project Manager Name >> | **Delivery Manager** | << Delivery Manager Name>> |

| **Revision History** | | | |
| --- | --- | --- | --- |
| **Version** | **Date** | **Summary of Changes** | **Name** | |
|  | <<YYYY-MM-DD>> |  |  | |
|  |  |  |  | |
|  |  |  |  | |

| **Acronyms and Abbreviations** | |
| --- | --- |
| **Acronym/Abbreviation** | **Acronym/Abbreviation Meaning** |
| << Please list all acronyms/abbreviations that will be used in the Training Plan. >> | << Please provide the meaning of the acronym/abbreviation. >> |
| DAD | Detailed Architecture Design |
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| Scope  << Please indicate all possible groups that may require specific training. >> | | | | |
| --- | --- | --- | --- | --- |
| # | Stakeholder Group | Included in Training | Engaged / Consulted | Comments |
| 1 | End Users (frontline) | Yes  No  N/A | Yes  No  N/A |  |
| 2 | End Users (power users) | Yes  No  N/A | Yes  No  N/A |  |
| 3 | End Users (management, executive, etc.) | Yes  No  N/A | Yes  No  N/A |  |
| 4 | Application & Information Management Support | Yes  No  N/A | Yes  No  N/A |  |
| 5 | Database Support | Yes  No  N/A | Yes  No  N/A |  |
| 6 | Operations & Security | Yes  No  N/A | Yes  No  N/A |  |
| 7 | Other – provide details | Yes  No  N/A | Yes  No  N/A |  |

| **Objectives** |
| --- |
| << Please provide a brief outline of the objectives of the training. >> |

| **Solution Technologies** |
| --- |
| << Please provide a list of the technologies used for this application as per the approved DAD. >> |

| **Training Environment** |
| --- |
| << Please describe the training environment (i.e. training environment used, relevant functionalities, database instance etc.). >> |

| **Training Techniques and Tools** |
| --- |
| << Please indicate and describe any new or existing training techniques and/or tools that will be used during the training process and ensure all approaches have been agreed to with client (e.g. User guides, setup guides, training exercises, computer-based instruction, peer training, train the trainer, hands-on practical sessions, classroom lectures, etc.). >> |

| **Training Logistics** | | | |
| --- | --- | --- | --- |
| **Participants** | | | |
| **Stakeholder Group** | **Number of Trainees** | **Location of Trainees** | **Applicable Training Courses** |
| << Indicate the Stakeholder Group Involved. >> | << Indicate the Number of Trainees. >> | << Indicate the Location of the Trainees. >> | << List all training courses applicable to the Stakeholder Group. >> |
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| **Training Schedule** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course** | **Description** | **Delivery Method** | **Date** | **Participants** | **Trainer** | **Location** | **Budget** |
| <<Insert Course Name. >> | << Please provide a brief description of the course listed. >> | << Please indicate the method of training (i.e. classroom, web-based, etc.). >> | << YYYY-MM-DD >> | << Insert Names of Participant(s). >> | << Insert Name of Trainer(s) >> | << Insert Location of Training. >> | << Insert Budget >> |
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| Training Checklist | | | |
| --- | --- | --- | --- |
| # | Item | Response | Comments |
| 1 | Have all stakeholders been engaged and their training needs addressed? | Yes  No  N/A |  |
| 2 | Has the OCIO training coordinator been engaged? | Yes  No  N/A |  |
| 3 | Are the training costs included in the project projections? | Yes  No  N/A |  |
| 4 | Have training activities been included in the project schedule? | Yes  No  N/A |  |
| 5 | Have the training and solution supportability been agreed upon and signed off in the transition agreement? | Yes  No  N/A |  |
| 6 | Does the training meet the requirements of the technology approved in the DAD? | Yes  No  N/A |  |
| 7 | Has an assessment of the client’s technical readiness been performed and have special accommodations been taken into account? | Yes  No  N/A |  |

| Prepared By | |
| --- | --- |
| **Project Manager** |  |
| (name) (signature) (YYYY/MM/DD) |

| Reviewed By | |
| --- | --- |
| **Delivery Manager** |  |
| (name) (signature) (YYYY/MM/DD) |