

Learner Review Form

Learner Name:	
Programme Title:	
TC/APO Name:	
Date of Review:	

On Target

Not on Target

Please consider IAG Principles throughout review

Review of progress undertaken during period of review: (Action from last review	By When

Actions/Targets to be completed by next review:	By When

Date of Next Review:	
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Health & Safety discussed: e.g. any accidents since last review, change in duties, PPE, evacuation procedures.

Equality & Diversity discussed: e.g. fair treatment, discrimination, bullying and harassment, disability

E & D Question discussed with the learner

Amendments requirements to learning plan:

Any Additional Comments (Learner/Employer/TC/APO):

Is Employer Insurance Liability Current:

Yes

No

Number:

Learner Signature

Date

Provider Signature

Date

Employer Signature

Date
