

Individual Learning Plan

Programme: _____

Learner Details		Employer Details	
Learner Name:		Company Name:	
Date of Birth:		Line Manager / Mentor:	
Learner email address:		Line manager email address:	
Landline:		Line Manager landline number:	
Mobile		Line Manager mobile number:	
Learner Address:		Employer Address:	
Hours of work per week:		TC:	
Start Date:		APO:	
End Date:		IV:	
ACTUAL END DATE:		ILR Number:	
Type of Identity shown:		QL Number:	
Passport number & Nationality:			

Learner Qualification Details:

<i>Prior Qualifications Gained: (Copies of certificates re key skill exemption to be attached)</i>					
Qualification	Level	Ref No	Awarding Body	Grade	Date Achieved

Awarding body name:	
Awarding body registration number:	
Awarding Body registration date:	

Initial Assessment (Copies of assessment to be attached)

Method, Results and Date

- Interview
- BKSBA Assessment.....
- Skills Test
- School Report

Support Arrangements

Detail the proposed arrangement between Learner and Employer/Training Provider for additional support to assist in learner achievement. E.g. extra support if required to achieve qualification e.g. Learning Support or protective clothing, travel and child-care

Endorsement Category: ALN ASN ALN & ASN (Evidence on File)

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Programme Details

NVQ DELIVERY: (outline how this will be achieved)

APL POSSIBILITIES: (is there any prior learning that may be accredited/Credit Value (QCF)

Independent Enquiry	Creative Thinking	Reflective Learning	Team Working	Self-management	Effective participation

KEY SKILL DELIVERY: If exemptions are being granted, copies of the required certificates must be attached (note how key skills will be integrated into the programme delivery)

ERR and TECHNICAL CERTIFICATE DELIVERY: (note now this will be delivered and proposed time scale)

Training Consultant Name:

Declaration

I certify that the above details are correct and I am satisfied with the plan. I confirm I am not currently in full-time education, have completed full-time education and do not intend to return to full-time education.

I confirm that I have been initially assessed, that I have read and understood and am satisfied with my Learner Plan, and that I began training on the start date.

Learner Signature:	Date:
Provider Signature:	Date:
Employer Signature:	Date:

What are the learner’s future plans? Tick all that apply	Continue in Employment	
	Advance to next Level	
	Continue in FE	
	Continue in HE	
	Leave Employment	
	Take up other Training	

General Notes:

BKSB Diagnostic Assessment Details:

Literacy Topic for action (as written in the BKSB diagnostic tool)	What does this mean in my subject? (Explain when this topic appears in this particular area of work and study)	Numeracy Topic for action (as written in the BKSB diagnostic tool)	What does this mean in my subject? (Explain the skill in this particular area of work and study)