

# INDIVIDUAL LEARNING PLAN



Skills  
Funding  
Agency  
Investing in jobs and skills

## 1. Learning Aim & Learner Details

Title of  
Learning Aim:

Learner Name:

Date of Birth:

Learning Start Date:

Learning Planned End

Date:

Learning Actual End

Date:

Awarding Body  
Registration Number:

Awarding Body  
Registration Date:

Awarding Body  
Name:

## 2. Learner Workplace Details

Company Name:

Address:

Assessor Details:

IV Details:

Telephone:

Contact:

## 3. Basic Skills Initial Assessment

Basic Skill	Score Required	Score Attained	Comments
Numeracy			
Literacy			
Refer for Additional Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**4. About your Work and Interests?**

<b>What is you current job title and what does the work involve?</b>	<b>Where do you see yourself in say 5 to 10 years?</b>
<b>What mandatory training or qualifications do you need to do your job?</b>	<b>What are your interests and hobbies?</b>
<b>Prior learning and work experience</b>	

**5. About what your Employer feels you need****Training Needs identified by Employer (as per ONA, to be completed by Assessor)**

**6. Induction Checklist**

The following item have been discussed with the Learner and Assessor at Induction stage.	Please Tick
Programme content, delivery and assessment arrangement;	
Information, advice and guidance;	
Equality and diversity;	
Health and Safety, the Safe Learner Principles;	
Disciplinary and grievance procedures; and	
Terms and conditions of learning	

**7. Review Schedule**

Review Schedule (to be completed a minimum of every 8-12 weeks)	Comments
Planned Visits	
Actuals Visits	

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Numeracy			
Literacy			
Refer for Additional Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**9. IAG Initial Course Review****Review Date:**

Learning Content	Resources
Induction to Qualification – areas to cover:  <ul style="list-style-type: none"><li>• Benefits of Government funding training – NVQ/Key Skills/Technical Certificates</li><li>• Benefits of qualifications and future routes</li><li>• Release from Workplace/committed to training/time off for study</li><li>• Employer role and responsibilities – H &amp; S, EO, Legislation</li><li>• Confirmation of Workplace Mentor</li><li>• Gather information on (Workplace induction, job description, in-house training programme, appraisal system</li><li>• Employment Rights and Responsibilities</li><li>• Health and Safety Learning</li></ul>	
Questions	Answers
<ul style="list-style-type: none"><li>• What do you understand about the qualification you are undertaking?</li><li>• What do you understand about the assessment procedures?</li><li>• How will the qualification suit your job role?</li></ul>	

**10. Skill Scan for Programme of Learning**

- Sometimes -** you have carried out/do carry out this activity at work on some occasions  
**Always -** you have carried out/do carry out this activity at work on numerous occasions  
**Never -** you have never carried out this activity at work

Please tick in either of the three columns provided your response to the three sentences above.

Learning Aim	Work Based Learning or Relevant Experience to Selected Unit	S	A	N	Planned Learning Support (Identify the resources and/ or Staff)	Learning Hours	Target Date for Achievement	Actual Achievement Date

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**Always -** you have carried out/do carry out this activity at work on numerous occasions  
**Never -** you have never carried out this activity at work

Please tick in either of the three columns provided your response to the three sentences above.

Learning Aim	Work Based Learning or Relevant Experience to Selected Unit	S	A	N	Planned Learning Support (Identify the resources and / or Staff)	Actual Achievement Date	Target Date for Achievement
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**11. Rationale**

**As a result of the above Occupational Initial Assessment (Skills Scan), I can confirm that the outcome clearly establishes a need for the learning aim described on page one of this Plan and that the total number of estimated hours of one-to-one delivery are \_\_\_\_\_ and for group delivery are \_\_\_\_\_**

Provider Signature:

**12. Declarations and Signatures**

For the learner: I have discussed with my Training Provider and Employer (where appropriate) the content and detail of this Plan and I am satisfied with the arrangements as set out. I confirm this Plan was prepared and completed at my Induction.

IAG: The Options and Action Plan detailed on this form have been discussed and agreed and are based on the Information, Advice and Guidance given to me by my Training Provider.

Learner:	Date:
Assessor:	Date:
Employer:	Date:

**13. IAG Mid Course Review****Review Date:****Progress Against IAG Objectives****Additional Support Required/Referrals Made/Changes Agreed****Declaration:**

The Options and Action Plan detailed on this form have been discussed and agreed between us based on the Information, Advice and Guidance given.

Learner:	Date:
Assessor:	Date:

**14. IAG Final Course Review - Next Steps****Review Date:**

- Review of initial IAG session and learner's feelings relating to the success of the identified actions
- Advise learner of the Next Steps services and issue contact details
- Discuss possible progression routes
- Discuss learner career objectives and how they may be achieved

**Declaration:**

The Options and Action Plan detailed on this form have been discussed and agreed between us based on the Information, Advice and Guidance given.

Learner:	Date:
Assessor:	Date:

**15. Destination Information**

Did the learner achieve the qualification? If No, then please provide information on reasons for non-achievement

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**