

INDIVIDUAL LEARNING PLAN



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:		Assessor Details:	IV Details:
Address:			
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"/>	

INDIVIDUAL LEARNING PLAN



4. About your Work and Interests?

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

5. About what your Employer feels you need

Training Needs identified by Employer (as per ONA, to be completed by Assessor)
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INDIVIDUAL LEARNING PLAN



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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INDIVIDUAL LEARNING PLAN



9. IAG Initial Course Review

Review Date:

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

INDIVIDUAL LEARNING PLAN



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

INDIVIDUAL LEARNING PLAN



- 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

INDIVIDUAL LEARNING PLAN



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:

INDIVIDUAL LEARNING PLAN



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:

INDIVIDUAL LEARNING PLAN



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:

INDIVIDUAL LEARNING PLAN



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