 **Individual Learning Plan** 

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| **Learner & Employer Details** |
| **Learner Name** |  | **Assessor Name** |  |
| **Date of Birth** |  | **Assessors Contact Number** |  |
| **Employer Name** |  | **Employer Contact** |  |
| **Start Date** |  | **Planned End Date** |  |
| **Qualification Title**  |  | **Actual End Date** |  |
| **Qualification Level** |  | **Learner’s Job Title** |  |

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| **NVQ Skills Analysis / Tracking Document** |
| **Section 1** – To be completed by the tutor / Assessor in conjunction with the Learner. Each unit should be thoroughly explored to determine the level of assessment and underpinning skills and training the Learner will need to complete it. | **Section 2** – Based on the above findings, Tutor / Assessor to estimate the amount of assessment and training hours the Learner will require for each unit. |
| **Decision Codes** |
| Fully experienced, ready for assessment on this unit | **A** |
| Will need a small amount of training to meet the assessment needs of this unit | **B** |
| Will need a lot of training to meet assessment needs of this unit | **C** |
| **Section 1** | **Section 2** |
| **Unit No** | **Unit Title** | **Decision Code** | **Estimated assessment hours needed** | **Estimated learning hours needed** |
|  |  |  | **Group** | **1 to 1** | **Group** | **1 to 1** |
| ***X*** | ***Example of a Unit*** | ***C*** | ***2*** | ***1*** | ***3*** | ***1*** |
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|  | **Totals** |  |  |  |  |
| **Initial Assessment** | **Result** | **Support Required** |
| Literacy |  |  |
| Numeracy |  |  |

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| **Learner Support Arrangements** If Learner requires any extra support to achieve the NVQ, this must be detailed here. |
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| **Is the learner aware that apprenticeship funding could be available?** | **Yes** | **No** |
| **Would the applicant / company be interested in further information?** |  |  |

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| **As part of our offer we can arrange independent information, advice and guidance that will help you access a variety of information. For Example:** |
| * We can look at your individual training needs and identify appropriate learning.
* Discuss the benefits of learning which could enhance your career development.
* Advice on course expectations and study skills.
 |
| **Would you like to take this opportunity to access this service?**If you would like to receive information, Advice and Guidance at any time during or after your leaning programme; Please telephone on **01902 317689, 821868 or 821313** | **Yes** | **No** |

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| **Initial Actions / Targets agreed** | **By Who** | **By When** |
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| **Progress Reviews** | **Planned Date(s)** | **Actual Date** | **Planned dates must be written in the plan at the commencement of this programme** |
| **6 Week review(s)** |  |  | This Review(s) must be completed at 6 week intervals to plan learning and show evidenceof **fundable in learning** |
| **Exit Review** |  |  | This Review must be completed on the final assessor visit |

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| **Agreement -** I have read and agreed the Individual Learning Plan |
|  | **Learner** | **Tutor / Assessor** | **Employer** |
| **Name** |  |  |  |
| **Signature** |  |  |  |
| **Date** |  |  |  |
| **All parties should sign and date the document at the commencement of the programme.** |