

# WCS

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Developing Responsive Provision

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## Tyneside Training Services Individual Learning Plan

### Section 1: Learner and employer details:

Learner Details

Surname:

Forename:

Address:

Tel No:

Date of Birth:

National Insurance No.

Employer:

Contact Name:

Address:

Tel No:

No. of employees:

Sector:

### Section 2: Programme

**2a: Qualification Title and Level:** \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Expected Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Actual completion date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Initial IAG:**      Funding Type:      Assessment only (lower rate of funding)       Delivery required (higher rate of funding)

Clearly state why the learner is at the higher or the lower rate. If funded at higher rate - evidence should be listed here to show at least 20 hours of learning (consisting of underpinning knowledge and understanding).

Summary of IAG discussion- (after talks state here the individual's needs, identifying appropriate learning, the benefits and expectations of learning.)

## 2b: Action Planning

### Initial Action Plan:

- Learner to keep portfolio safe and gather evidence on an ongoing basis.
- Discuss and agree types of evidence with your allocated assessor at each visit
- Learner and employer to agree appointments with assessor at each visit
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## 2c: Referral Process

Do you need any further help/support?

Yes/No

Referral (Company Name) \_\_\_\_\_

Date \_\_\_\_\_

## Section 3: Initial Assessment

### 3a: Qualifications, Experience & Skills Qualifications (eg, GCSEs, A levels, GNVQs NVQs, SFL)

Title	Level	Grade	Date Achieved

Other relevant learning/experience/skills

### 3b: Outcomes from Initial Assessment

Record details and results following initial assessment (include basic skills assessment and results)

Assessment method

BASIC SKILLS AGENCY ASSESSMENT TOOL

Results

LIT /72 –  
NUM /50 –

Will the Learner undertake Skills for Life training to support the achievement of their Level 2 qualification  
If yes complete referral (section 2c )

Yes/No

### 3c: Personal, Career & Progression Objectives

Record the employment objectives of the Learner and any further career/progression aspirations including entry into full/part time education following the term of the programme.

Employment and Career Progression Objectives

## Section 4: Training Delivery

### 4a: Induction Date: \_\_\_\_\_

Outline details of induction training including any specific outcomes.

<p>Programme content, delivery &amp; assessment arrangements: AS PER STANDARD TTS NVQ INDUCTION PROGRAMME</p> <p>Equality &amp; diversity: COPY OF TTS STATEMENT IN PORTFOLIO</p> <p>Health &amp; Safety: LEARNER TO ADHERE TO TTS OR EMPLOYER POLICY AS APPROPRIATE</p> <p>Disciplinary &amp; grievance procedures: COPY OF APPEALS PROCEDURE IN PORTFOLIO</p> <p>Terms and conditions of learning: LEARNER SIGNED LEARNER DECLARATION IN PORTFOLIO</p>
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## Section 5: Support and Review

Name of mentor <i>(if applicable)</i>	<input type="text"/>	Describe review process:	Review within 12 weeks or at NVQ Assessment or at any training
Contact details:	<input type="text"/>		
Tools & equipment:	<input type="text"/>		
Protective clothing:	<input type="text"/>		
Special provision:	<input type="text"/>		
		Proposed review date	<input type="text"/>
		Actual Review date	<input type="text"/>
		Proposed review date	<input type="text"/>
		Actual review date	<input type="text"/>
Final IV date:	<input type="text"/>	Achievement Date:	<input type="text"/>

## Section 6: Signatures

We hereby confirm that we have read, understood and agree with the contents of the individual learning plan.

Learner Name:	<input type="text"/>		
Learner Signature:	<input type="text"/>	Date:	<input type="text"/>
Employer Name:	<input type="text"/>		
Employer Signature:	<input type="text"/>	Date:	<input type="text"/>
Provider Name:	TYNESIDE TRAINING SERVICES LTD		
Provider Signature:	<input type="text"/>	Date:	<input type="text"/>

### Section 7: Agreed Changes

Details of changes & page number:

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

Details of changes & page number:

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

Record of Additional Training for Learners on Train to Gain Higher Funding Stream (state if there are any changes from the first page).

Date:	Type of Training:	Outcome:	Hours:	Assessor Initials: