

Personal Learning Plan

Name Appointment Group District

Training Adviser Initial plan agreed (date) Plan reviewed etc. Sheet of

Are you able to take part in training held at the weekends? Yes No

Are you able to take part in training held in the evenings? Yes No If so, please indicate your availability: Mon Tue Wed Thur Fri

Module Number	Learning required (Yes or No)	Proposed Method	Date Completed by	Proposed methods of validation (numbers)	Date Completed by	Validated successfully (Training Adviser to sign and date)	Completing OCN unit (Yes or No)	Signed and dated by TA
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Signed: Learner Training Adviser Training Manager

A copy of the learning plan should be sent to the County or Local Training Manager after each review of the plan and subsequent updates.

