

ESF Youth 2008

Individual Learner Plan

PART ONE

LEARNER DETAILS	
Name: <u>John Roberts</u>	Programme Start Date: _____
Address: <u>123 Any Road</u>	
<u>Derby</u>	Postcode: <u>DE1 1AA</u>
Tel No: <u>01332 123456</u>	Benefit Claimed (please attach evidence) <u>JSA</u>
NI Number: <u>AB 12 34 56 CD</u>	Date of Birth: <u>01/01/1991</u>

TRAINING PROVIDER'S DETAILS	
Contact Name: <u>Homer Simpson</u>	
Provider's Name: <u>ABC training</u>	
Address: <u>123 Derby Rd</u>	
<u>Derby</u>	Postcode: <u>DE1 1AA</u>
Tel No: <u>01332 789 987</u>	

LEARNING AND SUPPORT	
Details of prior learning, including qualifications already achieved:	
<input type="checkbox"/> Entry Level <input type="checkbox"/> Level 1 (GCSEs grades D-G, NVQs) <input type="checkbox"/> Level 2 (GCSEs grades A*-C, BTEC First Diplomas & Certificates, NVQs) <input type="checkbox"/> Level 3 (A Levels, BTEC Diplomas, Certificates & Awards, NVQs) <input type="checkbox"/> Other (Please specify qualification and level) <input type="checkbox"/> No qualifications <input type="checkbox"/> Not known by learner	
Details of any disability or special needs of learner: (Please update when required)	
<input type="checkbox"/> No disability <input type="checkbox"/> Visual impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Disability affecting mobility <input type="checkbox"/> Other physical disability <input type="checkbox"/> Other medical condition e.g. epilepsy, asthma, diabetes <input type="checkbox"/> Emotional/behavioural difficulties <input type="checkbox"/> Mental health difficulty <input type="checkbox"/> Temporary disability after illness e.g. post-viral or accident <input type="checkbox"/> Profound complex disabilities	<input type="checkbox"/> Aspergers syndrome <input type="checkbox"/> Multiple disabilities <input type="checkbox"/> Moderate learning difficulty <input type="checkbox"/> Severe learning difficulty <input type="checkbox"/> Dyslexia <input type="checkbox"/> Dyscalculia <input type="checkbox"/> Other specific learning difficulty <input type="checkbox"/> Autism spectrum disorder <input type="checkbox"/> Multiple learning difficulties <input type="checkbox"/> Other <input type="checkbox"/> Not known/not provided
Tick if provided: Travel <input type="checkbox"/> Childcare <input type="checkbox"/> Other (Please specify below)	

LEARNING NEEDS ANALYSIS	
<p>Skills Audit please ask learner to complete pages 5 & 6 to support the Skills Audit and enable future evaluation. It is important to capture all learner skills and experiences from home, childcare, hobbies etc. (For advice or training contact DLDC).</p>	
Current Skills	
Daily / responsibilities	Personal qualities and skills developed
Take my brother to school Help my dad load the van for work Tidying up after I take my brother to school Help my mum carrying out the shopping	Organisational / timekeeping /communication Working with others / communication / Organisational Working with others / communications
What types of jobs are you looking for?	
Occupational areas (You can choose more than one)	
<input type="checkbox"/> Administrative & Clerical <input type="checkbox"/> Alternative Therapies (Aromatherapy, Acupuncture) <input type="checkbox"/> Arts, Crafts & Design <input type="checkbox"/> Automotive (Car Maintenance & Repair) <input checked="" type="checkbox"/> Catering Services <input type="checkbox"/> Child Care <input type="checkbox"/> Construction - Plumbing <input type="checkbox"/> Construction – Painting & Decorating <input type="checkbox"/> Construction - Bricklaying <input type="checkbox"/> Construction – Joinery / Carpentry <input type="checkbox"/> Education & Training (Tutor / Teacher / Trainer) <input type="checkbox"/> Engineering <input type="checkbox"/> Fashion or Clothing (Design, Manufacture, Retail) <input type="checkbox"/> Fast Food Industry (Fast track route to management) <input type="checkbox"/> Financial Services (Banks, Insurance, Investments) <input type="checkbox"/> Food Production (Processing & Bakery)	<input type="checkbox"/> Hairdressing <input type="checkbox"/> Information Technology & Information Management <input type="checkbox"/> Legal Services (Legal Advisor, Solicitor) <input type="checkbox"/> Maintenance Service & Repair <input type="checkbox"/> Manufacturing <input type="checkbox"/> Marketing, Selling & Advertising <input type="checkbox"/> Medicine & Nursing <input type="checkbox"/> Retail Sales & Customer Services <input type="checkbox"/> Security & Uniformed Services <input type="checkbox"/> Social Services <input type="checkbox"/> Sport, Leisure & Tourism <input type="checkbox"/> Transportation <input type="checkbox"/> Warehousing <input type="checkbox"/> Working with Plants & Tress (Forestry, Landscaping, Garden Centre) <input type="checkbox"/> Working with animal (Farming, Veterinary)
What skills do you need to get there?	
Skills required	Training option
Organisational, communication, safety conscious, health awareness, maths and English.	food hygiene course, introduction to cooking

LEARNING PLAN	
Details of the training or qualification to be achieved and by when (please include non-accredited training)	
Training/Qualification (name, level, reference as applicable e.g. OCN Level 2)	Timescale for achievement
1. Basics of Food Hygiene	Start: 01.11.08 End 02.12.08
2.	
3.	
4.	
Details of learner's personal learning goals e.g. time keeping, attendance, self confidence, job search, community benefit etc. (Be sure to apply the principles of Recognising And Recording Progress and Achievement (RARPA))	
Job search, increase confidence	
Details of learner's job search needs e.g. write CV, practice interviews, job identification, help with applications etc.	
Practice interviews	
How will progress be monitored? (Detail frequency, name of reviewer etc):	
Name of Reviewer <u>Jane Smith</u>	
<input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
(Please document progress on the On-Going Review Record on page 7)	

REFERRALS TO ADDITIONAL SUPPORT

Information, Advice and Guidance

For: John Roberts

Date: 20.10.08

Referred to: Derbyshire Learning & Development Consortium

(Name of IAG Provider)

Learner signature

Training Provider signature

Information, Advice and Guidance

For:

Date:

Referred to:

(Name of IAG Provider)

Learner signature

Training Provider signature

Basic Skills

Date:

Referred to:

(Name of Provider)

Learner signature

Training Provider signature

Other referrals

Date:

Referred to:

(Name of Provider)

Learner signature

Training Provider signature

I agree that the above represents the training element of the Learning and Development Plan agreed between the learner and the training provider. I understand that my progress will be monitored after I have left this programme and I will be contacted from time to time by my training provider or Derbyshire Learning & Development Consortium.

Learner signature

Initial

Training Provider signature

Initial

LEARNER SKILLS DIARY

Dear Learner, Please complete this diary over three days recording the things you do and the skills that you use, for example:

- Getting your children to school with everything they need = planning skills
- Arranging to meet some friends = communication skills
- Managing your money to pay a bill = financial skills

	Day 1	Day 2	Day 3
Morning			
Afternoon	OPTIONAL		
Evening			

LEARNER ENTRY QUESTIONNAIRE

Name John Roberts
 Provider ABC Training | Venue Derby

With 1 being low and 9 being high, please circle how do you rate your skills in the following areas

	LOW	HIGH
Working with other people	1 2 3 4 5 6 7 8 9	
Using a computer	1 2 3 4 5 6 7 8 9	
Talking to customers	1 2 3 4 5 6 7 8 9	
Using a phone	1 2 3 4 5 6 7 8 9	
Writing a formal letter	1 2 3 4 5 6 7 8 9	
Contributing to a work meeting	1 2 3 4 5 6 7 8 9	
Speaking in public to a small group	1 2 3 4 5 6 7 8 9	
Turning up to work on time	1 2 3 4 5 6 7 8 9	
Filling in an application form for a job	1 2 3 4 5 6 7 8 9	
Doing well in a job interview	1 2 3 4 5 6 7 8 9	
Learning new skills	1 2 3 4 5 6 7 8 9	

What are you looking forward to most on this programme?
 (examples....meeting people)
 Getting a qualification and a job

What are you looking forward to least on this programme?
 (examples....doing tests, health & safety, turning up at 9am)
 Paperwork stuff

Signed _____ Date _____

LEARNER WORK PLACEMENT AGREEMENT	
Please complete the following information and sign where indicated. Sections that do not apply should be marked N/A.	
Provider Details	
Company Name: _____	
Address: _____	

_____ Postcode: _____	
Tel No: _____	Fax No: _____
Email: _____	
Web: _____	
Work Placement Company Details	
Company Name: _____	
Address: _____	

_____ Postcode: _____	
Tel No: _____	Fax No: _____
Email: _____	
Web: _____	
Contact: _____	
Line Manager: _____	
Work Placement Terms	
Purpose of placement: _____	

Start Date: _____	End Date: _____
Hours Per Week	
Mon _____	Fri _____
Tue _____	Sat _____
Wed _____	Sun _____
Thu _____	
Learner Name _____	
Signed _____	Date _____
Work Placement Name _____	
Signed _____	Date _____
Provider Name _____	
Signed _____	Date _____

ON-GOING CONTACT REVIEW RECORDLearner Name: John RobertsWork Placement Provider Matalan Page number: 1

Date	Please use this section of the Individual Learner Plan to keep notes on the learner's progress throughout the programme. Post employment mentoring and /or training are essential parts of the programme. Please keep a regular record of contact and demonstrate training progress if applicable. Attach any additional evidence to this form. (additional sheets may be added and attached to this form)	Learner Initial	Advisor Initial
10/10/08	I went through the induction with John and we completed the relevant start paperwork (ILR and ILP). During today's session it was agreed with John that it would be beneficial attending a Basics of Food Hygiene course as part of this programme. Action – Jane to register John onto course ready for 1 November 2008 start date.		
15/10/08	I have found John a suitable work placement with a local restaurant and discussed this placement with John. John is happy to be based at the local restaurant and will start his placement next week, once all formal Health & Safety checks have been conducted and all relevant paperwork has been completed and signed.		
23/10/08	<p>John and I went to meet his work placement employer today to discuss what he will be doing as part of his placement. We have all agreed on the objectives of this placement and what goals John will work towards. These will be documented on the Individual Learner Plan and I will monitor John's progress.</p> <p style="text-align: center;">Please refer to 'Work Placement Learner Review Guidance' sheet as an additional monitoring tool</p>		

ON-GOING CONTACT REVIEW RECORD CONTINUED ...

Learner Name: John Roberts

Work Placement Provider Matalan Page number: 2

Date	Notes	Learner Initial	Advisor Initial

LEARNER EXIT QUESTIONNAIRE

Name John Roberts
 Provider ABC training | Venue _____

With 1 being low and 9 being high, please circle how do you rate your skills in the following areas

	LOW	HIGH
Working with other people	1 2 3 4 5 6 7 8 9	
Using a computer	1 2 3 4 5 6 7 8 9	
Communicating to customers	1 2 3 4 5 6 7 8 9	
Using a telephone	1 2 3 4 5 6 7 8 9	
Writing a formal letter	1 2 3 4 5 6 7 8 9	
Preparing an invoice or quotation	1 2 3 4 5 6 7 8 9	
Contributing to a work meeting	1 2 3 4 5 6 7 8 9	
Speaking in public to a small group	1 2 3 4 5 6 7 8 9	
Turning up to work on time	1 2 3 4 5 6 7 8 9	
Completing an application form for a job	1 2 3 4 5 6 7 8 9	
Performing well in a job interview	1 2 3 4 5 6 7 8 9	
Learning new skills	1 2 3 4 5 6 7 8 9	

What did you benefit from most from this programme?
 work experience and anger management classes

What did you benefit from least on this programme?
 not getting job but i'm going to get qualification instead

LEARNER EXIT QUESTIONNAIRE...CONT

Derbyshire Learning & Development Consortium is committed to challenging discrimination and lack of opportunity and monitors all of its services with this in mind.

With 1 being poor and 5 being excellent, please circle how you rate your experience of the programme.					
	POOR		EXCELLENT		
How good was the advice and information about the programme before it started? <u>Comments</u>	1	2	3	4	5
How welcome did you feel? <u>Comments</u>	1	2	3	4	5
How suitable and accessible was the building? <u>Comments</u>	1	2	3	4	5
How well was the programme explained to you at the first session? <u>Comments</u>	1	2	3	4	5
Were you given the opportunity to ask for help if you needed it? <u>Comments</u>	1	2	3	4	5
How well did the training and support you received meet your needs?	1	2	3	4	5
How good were the tutors that taught the training you received?	1	2	3	4	5
How good was the content of the training you received? <u>Comments</u>	1	2	3	4	5
How well overall did the programme meet your expectations? <u>Comments</u>	1	2	3	4	5

Signed Date

