

# Personal Learning Plan – for Active Support Member

Name: \_\_\_\_\_ Membership No: \_\_\_\_\_ Appointment: \_\_\_\_\_

Training Advisor: \_\_\_\_\_ Group: \_\_\_\_\_

Appointments Committee Meeting: \_\_\_\_\_ Prov App Ends: \_\_\_\_\_ Initial Plan Date: \_\_\_\_\_ Review Dates: \_\_\_\_\_

Module		Learning			Validation				TA signature
Num	Title	Req'd Y/N	Delivery Method	Date completed	Num	Method	Details	Date completed	
1	Essential Information								
					And				

Signed:

\_\_\_\_\_ Learner                                  \_\_\_\_\_ Training Adviser                                  \_\_\_\_\_ Local Training Manager

**Notes:** - A copy of the PLP should be sent to the Local Training Manager on a regular basis or at least every 6 months.  
 - Once all modules have been validated the PLP should be sent to the Local Training Manager to forward to the CTM.

**Key to Delivery Methods**  
 1:1 One to one                                  C Course                                  E E-Learning  
 FS Factsheet                                  SG Small Group                                  V Video / DVD  
 W Work Book  
 NB: Not every Module can be delivered by all the methods - see TA's guide.

**Key to Validation Methods**  
 1:1 One to One discussion                                  C Certificate e.g. First Aid  
 O Observation by TA                                  OS Observation statement  
 Q Questionnaire                                  WE Written evidence