

# Personal Learning Plan – for Chairman / Treasurer / Secretary

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