

Personal Learning Plan – for Nights Away Adviser

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				
25	Assessing Learning (NAA)								

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

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

NB: Not every Module can be delivered by all the methods - see TA's guide.