

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