

# Personal Learning Plan – for Sectional Assistants

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        |        |         |                |              |
| 3      | Tools for the Job (Section Leaders) |           |                 |                |            |        |         |                |              |
|        |                                     |           |                 |                |            |        |         |                |              |
|        |                                     |           |                 |                | And        |        |         |                |              |
| 10     | First Aid                           |           |                 |                |            |        |         |                |              |
| Safe   | Safeguarding                        |           |                 |                |            |        |         |                |              |
| Sfty   | Safety Training                     |           |                 |                |            |        |         |                |              |

Signed:

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

**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