

Personal Learning Plan



Name: _____ Appointment: _____ Membership number: _____

Group: _____ District: _____ County/Region: _____ Training Adviser: _____

Initial Plan agreed (date): _____ Plan reviewed (date): _____ Date provisional appointment ends: _____ Sheet: _____ of _____

Are you able to take part in training held at the weekends? Yes No

Are you able to take part in training held in the evenings? Yes No If so, please indicate your availability: Mon Tues Wed Thurs Fri

Module Number	Learning Required Y/N	Proposed Learning Method	Planned completion date	Completing OCN unit? (yes/no)	Validation methods	Validation completed date	Training Adviser signature

Personal Learning Plan agreed by – Learner: _____ Training Adviser: _____

A copy of the learning plan should be sent to the appropriate Training Manager after each review of the plan and any updates.