

# 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.