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| **SCG22: Individual Learning Plan** | | | | | | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **This is to be completed by project staff** | | | | | | Organisation Name | | **Impactful Governance – Community Interest Company** | | | | Project Name | | **Social Prescribing** | | | | Project Reference | | **6592** | | | | **Participant Information** | | | | | | Forename |  | | Unique Learner Number |  | | Surname |  | | | | | | | | | | | | | | | |
| **Recognising and Recording Progress and Achievement (RARPA) Principles** | | | | | | | | | | | | | |
| **Individual Aims Goals (IAG)**  **Participant History** | | | | | | | | | | | | | |
| School / College / Employer | | | | Course / Job Role | | | | Qualifications / Experience | | | | | Dates |
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| **Recent experience** | | | | | | | | | | | | | |
| Examples of summer jobs, work placements, voluntary work, school clubs/activities | | | | | | | | | | | | | |
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| **Reason for disengagement** | | | | | | | | | | | | | |
| What is preventing the participant from moving forward? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Was the Participant in full time education or training prior to enrolment?** | | | | | | | | | | | | Yes / No | |
| **Identified barriers** | | | | | | | | | | | | | |
| External or personal issues (e.g. physical and mental problems, domestic situation, unsupported pregnancy)  Please tick appropriate option(s) and use the larger area to elaborate. | | | | | | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Bullying | |  | Friends with the ‘wrong crowd’ and gangs |  | | Problems dealing with authority | |  | Financial planning difficulties and debt |  | | Drug addiction | |  | Homelessness |  | | Family planning and unexpected pregnancy | |  | Mental health |  | | Currently a young carer | |  | Bad experiences with formal education |  | | Other |  | | | | | | | | | | | | | | | | | |
| **Where is the participant now** | | | | | | | | | | | | | |
| **Functional Skills** | | | | | | | | | | | | | |
| **Initial Assessment Requirements** | | **Assessment Methodology** | | | | | | | | | **Actual  Completion  Date** | | **Assessment Level** |
| Literacy | |  | | | | | | | | |  | |  |
| Numeracy | |  | | | | | | | | |  | |  |
| IT | |  | | | | | | | | |  | |  |
| ESOL | |  | | | | | | | | |  | |  |
| |  |  |  |  | | --- | --- | --- | --- | | **Proposed Activities & Learning Outcomes:** | | | | | * Information Day at Grosvenor Shopping Centre Northampton 11th December 2020 * Enrolment day by telephone on Wednesday 16th December 2020 * Wednesday 10th Feb 6-7pm Week 1 – Social Prescribing with Helena & Helen – using Zoom * Wednesday 17th Feb 6- 7pm Week 2 - Social Prescribing with Helena & Helen – using Zoom * Wednesday 24th Feb 6- 7pm Week 3 - Social Prescribing with Helena & Helen – using Zoom * Wednesday 3rd March 6- 7pm Week 4 – Social Prescribing with Helena & Helen– using Zoom * Then 4 further 1 hour sessions of Mentoring support with Andrew by Zoom to help: * Prepare or update CV * Search the job market for suitable vacancies or Training courses * Complete organisation applications and look at the Person Specifications * Apply for job vacancies or further Training courses | | | | | **Learning Delivery (Programme Details)** | | | | | Main Delivery Location | | West Wing Studios, The Mall, Luton, Bedfordshire | | | Delivery Location Post Code | LU1 2TL | Delivery Location District | Luton | | | | | | | | | | | | | | |
| **Training Activity** | | | | | | | | | | | | | |
| **Regulated Activity**  **(Certification)** | | | | | **Planned Learning Hours** | **Start Date** | | | **Expected Completion Date** | | **Actual Completion Date** | | **Certificate Achieved** |
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| **Non- Regulated Activity (Soft Skills)**  **(Learning Aim Codes)** | | | | | **Planned Learning Hours** | **Start Date** | | | **Expected Completion Date** | | **Actual Completion Date** | | **Certificate Achieved** |
| **ZESF0001** | | | | | **1** | **14-1-21** | | | **14-1-21** | | **14-1-21** | | **Yes** |
| **Week 1 Webinar/Training** | | | | | **1** | **10-2-21** | | | **10-2-21** | | **10-2-21** | |  |
| **Week 2 Webinar/Training** | | | | | **1** | **17-2-21** | | | **17-2-21** | | **17-2-21** | |  |
| **Week 3 Webinar/Training** | | | | | **1** | **24-2-21** | | | **24-2-21** | | **24-2-21** | |  |
| **Week 4 Webinar/Training** | | | | | **1** | **3-3-21** | | | **3-3-21** | | **3-3-21** | |  |
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| |  |  | | --- | --- | | **Sustained Progression Routes discussed:** | | | **PG01 – Paid Employment (EMP)** | **Key Information Discussed** | | Progression (within **28 days** of completing the final learning aim) in to paid employment. |  | | **PG03 – Education (EDU)** | **Key Information Discussed** | | Progression (within **28 days** of completing the final learning aim) into Further Education at a higher level. |  | | | | | | | | | | | | | | |
| **To be completed by the project participant** | | | | | | | | | | | | | |
| What do you feel are your skills and experience? | | | | | | | | | | | | | |
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| What are your personal strengths, skills, knowledge and abilities? | | | | | | | | | | | | | |
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| Are there any skills, training or qualifications you would like to gain? | | | | | | | | | | | | | |
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| What are your areas of interest? | | | | | | | | | | | | | |
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| **Where do you want to be and by when** | | | | | | | | | | | | | |
| Summary of aspirations (realistic, short and medium-term) **KEY PATHWAY** | | | | | | | | | | | | | |
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| **Soft outcomes to be achieved** | | | | | | | | **Provided by Participant or Learner** | | | **Date Started** | | **Date  Completed** |
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| **Other Notes** | | | | | | | | | | | | | |
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| **What Happens Now - Explanation of way forward and provision of training** | | | | | | | | | | | | | |
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| |  |  |  |  | | --- | --- | --- | --- | | **Please specify the number of learning hours that will be delivered:** | | | | | 7 to 12 hours | 13 – 20 hours | 21 – 44 hours | 45 - 68 hours | | **Planned Start Date** |  | **Planned End Date** |  | | | | | | | | | | | | | | |
| **Reviews** | | | | | | | | | | | | | |
| **Review Date** | **Details of Discussion including any changes to the ILP** | | | | | | | | | **Participant Signature** | | | |
| **14-1-21** | **Initial discussion with Trainer** | | | | | | | | |  | | | |
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| **Participant’s Signature** | | | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | **Name** |  | **Signature:** | | **Date** |  | | | | | | | | | | | | | | |
| **To be completed by the Project officer** | | | | | | | | | | | | | |
| **Early Exit Notification Date (If Applicable)** | | | | | | |  | | | | | | |
| **Withdrawn Reason (If Applicable)** | | | | | | |  | | | | | | |
| **Returning Participant (If Applicable – Date )** | | | | | | |  | | | | | | |
| **Total Hours Completed by the Participant** | | | | | | |  | | | | | | |
| **Outcome** | | | | | | |  | | | | | | |
| **Outcome Type** | | | | | | |  | | | | | | |
| **Outcome Code** | | | | | | |  | | | | | | |
| **Outcome Start Date** | | | | | | |  | | | | | | |
| **Outcome End Date** | | | | | | |  | | | | | | |
| **Outcome Collection Date** | | | | | | |  | | | | | | |
| **Destination PG01 Achieved** | | | Yes / No | | | | **Destination PG03 Achieved** | | | | | Yes / No | |
| |  |  |  | | --- | --- | --- | | **Name** | **Helen Shelswell** | **Signature:** | | **Job title** | **Trainer** | | **Date** |  | | | | | | | | | | | | | | |