

INDIVIDUAL LEARNING PLAN

This Individual Learning Plan outlines a programme of learning agreed between Warwickshire College and the Learner. The Plan is to be carried out under Workbased Learning arrangements.

Data Protection Act 1998:

The Learning and Skills Council may share this information with other organisations and Department for Education and Skills for administrative, statistical and research purposes, to inform Careers/ Connexions and other guidance and to monitor progress of Learners.

College Data Statement:

The data you have provided on this form will be used by the college for the purposes of learning, support and guidance, and health and safety whilst at work. The data will be stored securely and only for the purpose(s) original intended.

Learner Name		Programme	
NI number (if applicable)		Date of Birth	
Apprenticeship (if applicable)	Start Date ___/___/___	Planned End Date ___/___/___	Actual End Date ___/___/___
Length of programme for Learner	Start Date ___/___/___	Planned End Date ___/___/___	Actual End Date ___/___/___

Employer Name:			
Address:			
Post Code			
Telephone Number			
Contact Name			
Mentor Name (if applicable)			
Employer Reg No. (CITB only)			
Training Provider:	Warwickshire College		
Administration Contact:			
Address:			
Email:			
Learner Contact:			Tel: Email:
Location:			
College Tutor/Assessor Contact:			Tel:
Location:			



FRAMEWORK TITLE:					Approval Date:				
FRAMEWORK CONTENT: MANDATORY / ADDITIONAL REQUIREMENTS					NVQ REGISTRATION DATE:				
Qualification Type	Level / Grade	Qualification Title	Reference No	Awarding Body	To be achieved (✓)	Cert in file (✓)	Start Date	Planned End Date	Amended Planned End Date
NVQ									
NVQ									
Additional Requirements									
SIGNATURES: WE HEREBY CONFIRM THAT WE HAVE READ, UNDERSTOOD AND AGREE WITH THE CONTENTS OF THIS LEARNING PLAN									
Learner Name				Signature				Date	
Employer Name				Signature				Date	
Provider Name				Signature				Date	

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Learner Signature:		Date
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Employer Signature:		Date:
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Training Provider Signature:		Date
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DETAILS OF AGREED CHANGES		

Learner Signature:		Date
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Employer Signature:		Date:
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Training Provider Signature:		Date
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DETAILS OF AGREED CHANGES		

Learner Signature:		Date
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Employer Signature:		Date:
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Training Provider Signature:		Date
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DETAILS OF AGREED CHANGES		

Learner Signature:		Date
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Employer Signature:		Date:
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Training Provider Signature:		Date
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COMMENTS		
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DATE	COMMENTS	SIGNED
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