Personal Learning Plan – for Nights Away Adviser

Name: _____ Date of Birth: _____ Membership No: _____

District: _____ Group: _____ Appointment: _____ Prov App Ends: _____

Training Adviser: _____ 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				
25	Assessing Learning (NAA)								

Signed:

_____ Learner _____ Training Adviser _____ Local Training Manager

Notes: ***- A copy of the PLP should be sent to the Local Training Manager on a regular basis or at least every 6 months.***
- Once all modules have been validated the PLP should be sent to the Local Training Manager to forward to the CTM.

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