





## SCG22: Individual Learning Plan

| This is to be completed by proje                   | ct staff                  |                             |                   |  |  |
|--|---------------------------|-----------------------------|-------------------|--|--|
| Organisation Name                                  |                           |                             |                   |  |  |
| Project Name                                       |                           |                             |                   |  |  |
| Project Reference                                  |                           |                             |                   |  |  |
| Participant Information                            |                           |                             |                   |  |  |
| Forename   |                           | Unique                      |                   |  |  |
| Surname  |                           | Number                      | Learner<br>Number |  |  |
| Recognising and Recording Prog                     | gress and Achievement     | (RARPA) Principles          |                   |  |  |
| Individual Aims Goals (IAG)<br>Participant History |                           |                             |                   |  |  |
| School / College / Employer                        | Course / Job Role         | Qualifications / Experience | Dates             |  |  |
|  |                           |                             |                   |  |  |
|  |                           |                             |                   |  |  |
|  |                           |                             |                   |  |  |
|  |                           |                             |                   |  |  |
|  |                           |                             |                   |  |  |
|  |                           |                             |                   |  |  |
| Recent experience                                  |                           |                             |                   |  |  |
| Examples of summer jobs, work pla                  | acements, voluntary work, | school clubs/activities     |                   |  |  |
|  |                           |                             |                   |  |  |
|  |                           |                             |                   |  |  |
|  |                           |                             |                   |  |  |
|  |                           |                             |                   |  |  |







| Reason for disengagement                                |                           |         |  |                     |           |  |  |
|---|---------------------------|---------|--|---------------------|-----------|--|--|
| What is preventing the participant from moving forward? |                           |         |  |                     |           |  |  |
|   |                           |         |  |                     |           |  |  |
|   |                           |         |  |                     |           |  |  |
|   |                           |         |  |                     |           |  |  |
|   |                           |         |  |                     |           |  |  |
|   |                           |         |  |                     |           |  |  |
|   |                           |         |  |                     |           |  |  |
|   |                           |         |  |                     |           |  |  |
|   |                           |         |  |                     |           |  |  |
| Was the Participant in fu                               | Ill time education or tr  | aining  | prior to enrolment?                      | Yes / No            |           |  |  |
| Identified barriers                                     |                           |         |  |                     |           |  |  |
|   |                           | -       | blems, domestic situation,               | unsupported p       | regnancy) |  |  |
| Please tick appropriate op                              | tion(s) and use the large | er area |  |                     |           |  |  |
| Bullying  |                           |         | Friends with the 'wrong c                | s 🗌                 |           |  |  |
| 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<br>Requirements                      | Assessment Methodology    |         | Actual<br>Completion<br>Date             | Assessment<br>Level |           |  |  |
| Literacy  |                           |         |  |                     |           |  |  |
| Numeracy  |                           |         |  |                     |           |  |  |
| IT  |                           |         |  |                     |           |  |  |
| ESOL  |                           |         |  |                     |           |  |  |



Education & Skills



GRANTS

| Proposed Activities & Learning Outco                                  | omes:                        |               |                                |                              |                         |  |  |  |
|---|------------------------------|---------------|--------------------------------|------------------------------|-------------------------|--|--|--|
|   |                              |               |                                |                              |                         |  |  |  |
|   |                              |               |                                |                              |                         |  |  |  |
|   |                              |               |                                |                              |                         |  |  |  |
|   |                              |               |                                |                              |                         |  |  |  |
|   |                              |               |                                |                              |                         |  |  |  |
|   |                              |               |                                |                              |                         |  |  |  |
|   |                              |               |                                |                              |                         |  |  |  |
|   |                              |               |                                |                              |                         |  |  |  |
|   |                              |               |                                |                              |                         |  |  |  |
|   |                              |               |                                |                              |                         |  |  |  |
|   |                              |               |                                |                              |                         |  |  |  |
| Learning Delivery (Programme Detail                                   | s)                           |               |                                |                              |                         |  |  |  |
| Main Delivery Location  |                              |               |                                |                              |                         |  |  |  |
| Delivery<br>Location Post<br>Code                                     |                              | Delivery Loo  | cation District                |                              |                         |  |  |  |
| Training Activity   |                              |               |                                |                              |                         |  |  |  |
| Regulated Activity<br>(Certification)                                 | Planned<br>Learning<br>Hours | Start<br>Date | Expected<br>Completion<br>Date | Actual<br>Completion<br>Date | Certificate<br>Achieved |  |  |  |
|   |                              |               |                                |                              |                         |  |  |  |
|   |                              |               |                                |                              |                         |  |  |  |
|   |                              |               |                                |                              |                         |  |  |  |
| Non- Regulated Activity (Soft Skills)Planned(Learning Aim Codes)Hours |                              | Start<br>Date | Expected<br>Completion<br>Date | Actual<br>Completion<br>Date | Certificate<br>Achieved |  |  |  |
| ZESF0001  |                              |               |                                |                              |                         |  |  |  |
|   |                              |               |                                |                              |                         |  |  |  |
|   |                              |               |                                |                              |                         |  |  |  |
|   |                              |               |                                |                              |                         |  |  |  |
|   |                              |               |                                |                              |                         |  |  |  |
|   |                              |               |                                |                              |                         |  |  |  |







| Sustained Progression Routes discussed:  |                              |  |  |  |  |
|--|------------------------------|--|--|--|--|
| PG01 – Paid Employment (EMP)   | Key Information Discussed    |  |  |  |  |
| Progression (within <b>28 days</b> of completing the final learning aim) in to paid employment.                    |                              |  |  |  |  |
| PG03 – Education (EDU)   | Key Information Discussed    |  |  |  |  |
| Progression (within <b>28 days</b> of completing the final learning aim) into Further Education at a higher level. |                              |  |  |  |  |
| To be completed by the project partic  | ipant                        |  |  |  |  |
| What do you feel are your skills and exp   | erience?                     |  |  |  |  |
|  |                              |  |  |  |  |
| What are your personal strengths, skil   | ls, knowledge and abilities? |  |  |  |  |
|  |                              |  |  |  |  |
| Are there any skills, training or qualifications you would like to gain?   |                              |  |  |  |  |
|  |                              |  |  |  |  |
| What are your areas of interest?   |                              |  |  |  |  |
|  |                              |  |  |  |  |
|  |                              |  |  |  |  |
|  |                              |  |  |  |  |







## Where do you want to be and by when

Summary of aspirations (realistic, short and medium-term) KEY PATHWAY

Soft outcomes to be achieved
Provided by Participant or Learner
Date Started
Date Completed

Image: Ima

What Happens Now - Explanation of way forward and provision of training

| Please specify the number of learning hours that will be delivered: |   |                  |  |  |  |
|---|---|------------------|--|--|--|
| □ 7 to 12 hours   | □ 13 – 20 hours □ 21 – 44 hours □ 45 - 68 hou |                  |  |  |  |
| Planned Start Date  |   | Planned End Date |  |  |  |







| Reviews                                  |  |                   |  |              |               |  |  |
|--|--|-------------------|--|--------------|---------------|--|--|
| Review Date                              | Details of Discussion including any changes to the ILP |                   |  | Particip     | ant Signature |  |  |
|  |  |                   |  |              |               |  |  |
|  |  |                   |  |              |               |  |  |
|  |  |                   |  |              |               |  |  |
|  |  |                   |  |              |               |  |  |
|  |  |                   |  |              |               |  |  |
|  |  |                   |  |              |               |  |  |
|  |  |                   |  |              |               |  |  |
|  | •  |                   |  |              |               |  |  |
| Participant's S                          | ignature   |                   |  |              |               |  |  |
|  |  |                   |  |              |               |  |  |
| Name                                     |  |                   |  | Si           | gnature:      |  |  |
| Date                                     |  |                   |  |              |               |  |  |
| To be complet                            | ed by the Pi   | oject officer     |  |              |               |  |  |
| Early Exit Noti                          | fication Date  | e (If Applicable) |  |              |               |  |  |
| Withdrawn Rea                            | Withdrawn Reason (If Applicable)                       |                   |  |              |               |  |  |
| Returning Part                           | Returning Participant (If Applicable – Date )          |                   |  |              |               |  |  |
| Total Hours Completed by the Participant |  |                   |  |              |               |  |  |
| Outcome                                  |  |                   |  |              |               |  |  |
| Outcome Type                             |  |                   |  |              |               |  |  |
| Outcome Code                             | 9  |                   |  |              |               |  |  |
| Outcome Start                            | Date   |                   |  |              |               |  |  |
| Outcome End                              | Date   |                   |  |              |               |  |  |
| Outcome Colle                            | ection Date  |                   |  |              |               |  |  |
| Destination PC<br>Achieved               |  |                   |  | ved Yes / No |               |  |  |
|  |  |                   |  |              |               |  |  |
| Name                                     | Name   |                   |  | Signature:   |               |  |  |
| Job title                                |  |                   |  |              |               |  |  |









Date