

## EXIT AND DESTINATION PLAN

### Contact details and date of leaving

### Annex 8

Young Persons Name		Leaving Date			
Contact Address					
Postcode					
Contact Numbers			Email Address		
Postcode					
Independent		With Family		With Friends	Other

### Progression Route (please tick and attach evidence)

Employment with training	Modern Apprenticeship	Further Education College / Training	Back into full time education (school)
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### Moving On Details

Name of company / training provider / College / school	Job Title / programme / course / Yr
Address	
Postcode	Email Address:
Contact Numbers	Date of start of job / programme / course / Yr
I confirm that the job / training programme is for at least 16 hours or more per week	
Young Persons signature:	

### Details of the key person who will provide support for the young person after they have left PTP and who the young person should contact if they need help

Name	Job Role
Contact Address	
Postcode	
Contact Number/s	Email Address

**Agreed support and record of activities**

Nature of support to be provided	Support provided and comments	Dates support provided	Signature

**Signatures**

I agree with the information contained on this plan		
Name of young person	Signature	Date
Name of Key Worker	Signature	Date
Name of Personal Adviser	Signature	Date

**Connexions notification**

I confirm that I, the key worker, have informed the Connexions Service that this young person has left PTP and their destination is as above	
<b>Signature of key worker informed</b>	<b>Date Connexions</b>

***Tracking – Situation 13 weeks after leaving PTP provider***

Is young person still with school / provider / employer / college?	
Have their circumstances changed?	
Any other comments?	

Young Persons Name:

Young Persons Signature:

Date:

Training Providers Name:

Tutor Signature:

Date completed: