

# Pathways to Progress

## Individual Training Plan

This plan is subject to the current rules and requirements governing ESF as of April 2008

**Personal details**

Student's First Name \_\_\_\_\_

Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_

School \_\_\_\_\_

Training Supplier \_\_\_\_\_

Training Start Date \_\_\_\_\_

Expected End Date \_\_\_\_\_

Actual End Date \_\_\_\_\_

**Careers Feedback (see Careers Plan)/Initial Interview -  
Highlighting Core Skills and Key Skills Need**

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\_\_\_\_\_

**Objectives to address needs, i.e. Core Skills and Key Skills Enhancement**

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**Details of programme to be followed, including Objectives  
And any other activities**

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**Programme Attendance Requirements**

Total number of hours anticipated attendance per week \_\_\_\_\_

Location \_\_\_\_\_

Daily hours each week (excluding lunch breaks)

Monday	Tuesday	Wednesday	Thursday	Friday

Location \_\_\_\_\_

Daily hours each week (excluding lunch breaks)

Monday	Tuesday	Wednesday	Thursday	Friday

**Individual Training Plan Discussed and Agreed**

Name of Careers Advisor \_\_\_\_\_

Name of Teacher \_\_\_\_\_

Name of Provider's Representative responsible for the Student \_\_\_\_\_

**1. Contractual Obligation on the Training Provider**

It is understood that there is a responsibility to deliver the agreed training programme and that payments will be withheld if this obligation is not met.

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

**2. Student Agreement**

I have read, understood and agreed the information contained above and have been given a copy of this plan to keep and I undertake to ensure regular attendance.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**3. Teacher's Agreement**

I will endeavour to ensure regular attendance by the pupil and will attend review meetings

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Review (pupil progress)**

To be signed after the review by:-

	Review Dates	the Student	Training Supplier
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Details of actual review can be found on the Student's file

Details of any amendments to the training plan	
<hr/> <hr/>	
Tutor's/Supervisor's Signature _____ (On behalf of Training Provider)	Date _____
Student's Signature _____	Date _____
Aims and Objectives Gained	
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Next Step (where applicable)	
Expected progression route	_____
Expected location	_____
Expected start date	_____