|  |
| --- |
| **SCG22: Individual Learning Plan**  |
|

|  |
| --- |
| **This is to be completed by project staff**  |
| Organisation Name | **Impactful Governance – Community Interest Company** |
| Project Name | **Social Prescribing** |
| Project Reference | **6592** |
| **Participant Information** |
| Forename |  | Unique Learner Number |  |
| Surname |  |

 |
| **Recognising and Recording Progress and Achievement (RARPA) Principles**  |
| **Individual Aims Goals (IAG)** **Participant History** |
| School / College / Employer | Course / Job Role | Qualifications / Experience | Dates |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Recent experience** |
| Examples of summer jobs, work placements, voluntary work, school clubs/activities |
|  |
| **Reason for disengagement** |
| What is preventing the participant from moving forward? |
|  |
| **Was the Participant in full time education or training prior to enrolment?**  | Yes / No |
| **Identified barriers** |
| External or personal issues (e.g. physical and mental problems, domestic situation, unsupported pregnancy) Please tick appropriate option(s) and use the larger area to elaborate. |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Bullying | [ ]  | Friends with the ‘wrong crowd’ and gangs | [ ]  |
| 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 Requirements** | **Assessment Methodology** | **Actual Completion Date** | **Assessment Level**  |
| Literacy |  |  |  |
| Numeracy |  |  |  |
| IT |  |  |  |
| ESOL |  |  |  |
|

|  |
| --- |
| **Proposed Activities & Learning Outcomes:** |
| * Information Day at Grosvenor Shopping Centre Northampton 11th December 2020
* Enrolment day by telephone on Wednesday 16th December 2020
* Wednesday 10th Feb 6-7pm Week 1 – Social Prescribing with Helena & Helen – using Zoom
* Wednesday 17th Feb 6- 7pm Week 2 - Social Prescribing with Helena & Helen – using Zoom
* Wednesday 24th Feb 6- 7pm Week 3 - Social Prescribing with Helena & Helen – using Zoom
* Wednesday 3rd March 6- 7pm Week 4 – Social Prescribing with Helena & Helen– using Zoom
* Then 4 further 1 hour sessions of Mentoring support with Andrew by Zoom to help:
* Prepare or update CV
* Search the job market for suitable vacancies or Training courses
* Complete organisation applications and look at the Person Specifications
* Apply for job vacancies or further Training courses

  |
| **Learning Delivery (Programme Details)** |
| Main Delivery Location | West Wing Studios, The Mall, Luton, Bedfordshire |
| Delivery Location Post Code | LU1 2TL | Delivery Location District | Luton |

 |
| **Training Activity** |
| **Regulated Activity****(Certification)** | **Planned Learning Hours** | **Start Date**  | **Expected Completion Date** | **Actual Completion Date** | **Certificate Achieved** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Non- Regulated Activity (Soft Skills)****(Learning Aim Codes)** | **Planned Learning Hours** | **Start Date** | **Expected Completion Date** | **Actual Completion Date** | **Certificate Achieved** |
| **ZESF0001** | **1** | **14-1-21** | **14-1-21** | **14-1-21** | **Yes** |
| **Week 1 Webinar/Training** | **1** | **10-2-21** | **10-2-21** | **10-2-21** |  |
| **Week 2 Webinar/Training** | **1** | **17-2-21** | **17-2-21** | **17-2-21** |  |
| **Week 3 Webinar/Training** | **1** | **24-2-21** | **24-2-21** | **24-2-21** |  |
| **Week 4 Webinar/Training** | **1** | **3-3-21** | **3-3-21** | **3-3-21** |  |
|  |  |  |  |  |  |
|

|  |
| --- |
| **Sustained Progression Routes discussed:** |
| **PG01 – Paid Employment (EMP)** | **Key Information Discussed** |
| Progression (within **28 days** of completing the final learning aim) in to paid employment. |  |
| **PG03 – Education (EDU)** | **Key Information Discussed** |
| Progression (within **28 days** of completing the final learning aim) into Further Education at a higher level. |   |

 |
| **To be completed by the project participant** |
| What do you feel are your skills and experience? |
|  |
| What are your personal strengths, skills, 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** | **DateStarted** | **Date Completed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Other Notes** |
|  |
| **What Happens Now - Explanation of way forward and provision of training** |
|  |
|

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

 |
| **Reviews** |
| **Review Date** | **Details of Discussion including any changes to the ILP** | **Participant Signature** |
| **14-1-21** | **Initial discussion with Trainer** |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |
| **Participant’s Signature** |
|

|  |  |  |
| --- | --- | --- |
| **Name** |  | **Signature:** |
| **Date** |  |

 |
| **To be completed by the Project officer** |
| **Early Exit Notification Date (If Applicable)** |  |
| **Withdrawn Reason (If Applicable)** |  |
| **Returning Participant (If Applicable – Date )** |  |
| **Total Hours Completed by the Participant**  |  |
| **Outcome** |  |
| **Outcome Type** |  |
| **Outcome Code** |  |
| **Outcome Start Date**  |  |
| **Outcome End Date** |  |
| **Outcome Collection Date** |  |
| **Destination PG01 Achieved** | Yes / No | **Destination PG03 Achieved** | Yes / No |
|

|  |  |  |
| --- | --- | --- |
| **Name** | **Helen Shelswell** | **Signature:** |
| **Job title** | **Trainer** |
| **Date** |  |

 |