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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | | Appointment | |  | | | | Group | |  | | | | | | | District | | **BISHOP AUCKLAND** | |
| Membership Number | | | | |  | | Initial plan agreed (date) | | | | |  | | | Plan reviewed etc. | | | |  | | Training Adviser | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Module Number** | |  | | **Learning Required (Yes or No)** | | **Proposed Method** | | | **Date completed by** | |  | | **Options for validation** | | | |  | **Methods of validation (see below)** | |  | | **Date completed by** | | **Validated successfully (Training Adviser to sign and date)** | | | | |
| 1 | |  | |  | |  | | |  | |  | |  | | | |  |  | |  | |  | |  | | | | |
| 2 | |  | |  | |  | | |  | |  | |  | | | |  |  | |  | |  | |  | | | | |
| 3 | |  | |  | |  | | |  | |  | |  | | | |  |  | |  | |  | |  | | | | |
| 5 | |  | |  | |  | | |  | |  | |  | | | |  |  | |  | |  | |  | | | | |
| 6 | |  | |  | |  | | |  | |  | |  | | | |  |  | |  | |  | |  | | | | |
| 7 | |  | |  | |  | | |  | |  | |  | | | |  |  | |  | |  | |  | | | | |
| 8 | |  | |  | |  | | |  | |  | |  | | | |  |  | |  | |  | |  | | | | |
| 9 | |  | |  | |  | | |  | |  | |  | | | |  |  | |  | |  | |  | | | | |
| 10 | |  | |  | |  | | |  | |  | |  | | | |  |  | |  | |  | |  | | | | |
| 11 | |  | |  | |  | | |  | |  | |  | | | |  |  | |  | |  | |  | | | | |
| 12A | |  | |  | |  | | |  | |  | |  | | | |  |  | |  | |  | |  | | | | |
| 12B | |  | |  | |  | | |  | |  | |  | | | |  |  | |  | |  | |  | | | | |
| 13 | |  | |  | |  | | |  | |  | |  | | | |  |  | |  | |  | |  | | | | |
| 14 | |  | |  | |  | | |  | |  | |  | | | |  |  | |  | |  | |  | | | | |
| 15 | |  | |  | |  | | |  | |  | |  | | | |  |  | |  | |  | |  | | | | |
| 16 | |  | |  | |  | | |  | |  | |  | | | |  |  | |  | |  | |  | | | | |
| 17 | |  | |  | |  | | |  | |  | |  | | | |  |  | |  | |  | |  | | | | |
| 18 | |  | |  | |  | | |  | |  | |  | | | |  |  | |  | |  | |  | | | | |
| 19 | |  | |  | |  | | |  | |  | |  | | | |  |  | |  | |  | |  | | | | |
|  | |  | |  | |  | | |  | |  | |  | | | |  |  | |  | |  | |  | | | | |
|  | |  | |  | |  | | |  | |  | |  | | | |  |  | |  | |  | |  | | | | |
| **Note** |  | | For validation options, M refers to the mandatory validation applicable to certain modules (shown as “And…” in the *Adult’s Personal File)* | | | | | | | | | | | | | | | | | | | | | | | | |

Signed: Learner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training Adviser\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A copy of the learning plan should be sent to the County or Local Training Manager after each review of the plan and subsequent updates

Validation methods:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 Demonstration | 2 Discussion | 3 Workbook | 4 Questionnaire | 5 Qualification |
| 6 Product of work | 7 Project work | 8 Written material | 9 Witness testimony | 10 Video |