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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)** |
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| **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 |