



Employability Fund

Individual training plan

Where there are tick boxes, please tick all that apply

Print and sign completed document

The personal information provided on this form will be retained securely in compliance with The Data Protection Act 1998, SDS Privacy policy/statement, and will be securely destroyed after it is no longer required for the administration of the Employability Fund.

Section 1

EF training provider details

EF Training Provider name.....

Address.....

.....

.....

Contact name.....

Creditor code.....

Section 2

Participant details

Surname.....

First name.....

NI number.....

SDS CSS number (if known).....

Awarding body candidate number (if known).....

Section 3

EF Stage

Stage 2 Core skills and/or employability and/or personal development

Stage 3 Employability and/or vocational training. (Please specify industry sector)

Stage 4 Pre-employment training and job matching

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Section 4
Initial assessment

Qualifications, skills and experience
Qualifications (e.g. school, industry, SVQs etc)

Title	Level	Grade	Date Achieved

Other relevant learning/experience/skills - this could include hobbies/interests, work experience from time at school or previous employment

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Section 5

Planned training

Content (Record all planned non-certificated training to be undertaken)

Outputs (Record all planned certificated training to be undertaken. Please note that certificated training is not a mandatory element of the EF)

Name/code (if appropriate) of qualification/unit/module/SCQF rated programme (For Stage 4, where the qualification is not SCQF credit rated, please include a brief description)	Organisation accredited to deliver the certificate	SCQF Level (if appropriate)	SCQF credit points (if appropriate)	Awarding Body	Nature of Provision
		Overall Level	Total credit points		

Outcomes (Record the target outcome agreed at the start of training)

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Section 6

Work experience plans

If more than one work experience plan then utilise option 2 & 3 columns.
Please use Section 11 if you require more space

Employer name.....	Employer name.....	Employer name.....
Employer address.....	Employer address.....	Employer address.....
.....
Industry sector.....	Industry sector.....	Industry sector.....
Job role.....	Job role.....	Job role.....
Health and safety check completed Yes No	Health and safety check completed Yes No	Health and safety check completed Yes No
Start date End date	Start date End date	Start date End date
Pattern of attendance on work experience	Pattern of attendance on work experience	Pattern of attendance on work experience
.....
.....
.....
Duties be undertaken during work experience	Duties be undertaken during work experience	Duties be undertaken during work experience
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.....
.....

Section 7

Programme duration, hours and attendance pattern

Start date.....	Hours and attendance pattern
Anticipated end date.....	agreed at the start of training

Section 8

Declaration of agreement

I declare that I understand and agree with the content of this Individual Training Plan

Participant Signature	EF Provider Signature	Position
Date	Print Name	Date

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Section 9

ITP Review

Either complete this section or enter the date and attach a separate signed and dated document with details of the review.
Please use Section 10 if you require more space.

Date of Review.....

Date of Review.....

Date of Review.....

Summary of progress towards outputs/outcome

Summary of progress towards outputs/outcome

Summary of progress towards outputs/outcome

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Details of agreed changes to ITP

Details of agreed changes to ITP

Details of agreed changes to ITP

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Participant Signature.....

Participant Signature.....

Participant Signature.....

EF Provider Signature.....

EF Provider Signature.....

EF Provider Signature.....

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Section 10

Additional information

Section 11

Declaration of completion

This Section is part of the evidence requirements to support a progression to a more advanced stage of the Strategic Skills Pipeline. It should only be signed on completion of the Programme.

I declare that I have successfully completed the agreed Programme of Training as set out in this Individual Training Plan.

Participant Signature.....

EF Provider Signature.....

Position.....

Date.....

Print Name.....

Date.....