Graduate Apprenticeship Progress Report

This document must be completed as prescribed in the associated guidance.

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| **1. Learner Name** |  |
| **2. Learning Provider** |  |
| **3. Employer Name** |  |
| **4. GA Framework** |  |
| **6. Date of Review** | Click to select a date |

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| --- | --- | --- | --- |
| **7. Learner Progress and Achievement of GA Framework** | | | |
| **Module/Unit Name** | **Number of Credits** | **Percentage WBL** | **Pass/Fail** |
|  |  |  | Select |
|  |  |  | Select |
|  |  |  | Select |
|  |  |  | Select |
|  |  |  | Select |
|  |  |  | Select |
|  |  |  | Select |
|  |  |  | Select |
|  |  |  | Select |
| **Learning provider’s comments on learner’s progress (Mandatory)** | | | |
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| **8. Additional Support provided to enable achievement.** (Only complete if appropriate) |
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| **9. Employer Comments (Mandatory)** |
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| **10. Learner Comments (Mandatory)** |
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| **11. Signatures** | | **Date of signature** |
| **Learner**  **Name** |  | Click to select a date |
| **Learner**  **Signature** |  |
| **Provider Representative Name** |  | Click to select a date |
| **Provider Representative Signature** |  |
| **Employer**  **Representative Name** |  | Click to select a date |
| **Employer Representative Signature** |  |