



Work Able Scotland Action 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 Work Able Scotland.

This action plan must be completed for all customers by the Service Provider.

Section 1

Service Provider details

Service Provider name.....

Contact name.....

Case Manager.....

Creditor code.....

Address.....

.....

Phone number.....

Email.....

Section 2

Customer details

Surname.....

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

First name.....

NI number.....

Section 3

Programme duration, hours and attendance pattern

Date of induction interview.....

Initial assessment date completed.....

Start date.....

Hours and attendance.....

Induction detail.....

.....

Anticipated end date.....

.....

Achievement of job outcome.....

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Date of Induction completed.....

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Section 4 Initial assessment

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

Please provide detail of initial assessments undertaken, including tools used and findings.

Core skills

Personal development

Career management skills

Work related learning

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Enterprise education

Health and wellbeing

Customer strengths

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 Agreed goals

Please address short, medium and long term goals to address needs identified in the initial assessment (section 4). Please detail action/input required to address goals.

	Short term	Medium	Long term	
Core skills				
Activities and actions to address goals				Date completed
Personal development				
Activities and actions to address goals				Date completed
Career management skills				
Activities and actions to address goals				Date completed

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	Short term	Medium	Long term	
Work related learning				
Activities and actions to address goals				Date completed
Enterprise education				
Activities and actions to address goals				Date completed
Health and wellbeing				
Activities and actions to address goals				Date completed
Customer strengths				
Activities and actions to address goals				Date completed

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Section 6

Work related learning

If more than one work experience plan then utilise option 2 & 3 columns.
Please use Section 9 if you require more space

Employer name.....	Employer name.....	Employer name.....
Employer address.....	Employer address.....	Employer address.....
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Industry sector.....	Industry sector.....	Industry sector.....
Job role.....	Job role.....	Job role.....
Health and safety check completed date	Health and safety check completed date	Health and safety check completed date
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
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Duties be undertaken during work experience	Duties be undertaken during work experience	Duties be undertaken during work experience
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Section 7

Declaration of agreement

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

Customer Signature	Service Provider Signature	Position
Date	Print Name	Date

Travel expenses

I agree that I am in receipt of travel expenses from the Service Provider.

Customer Signature..... **Date**.....

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Section 8 Customer action plan reviews

Either complete this section or enter the date and attach a separate signed and dated document with details of the review.

Please use Section 9 if you require more space.

Reviews to be carried out 4 weekly

Date of Review.....

Date of Review.....

Date of Review.....

Summary of progress towards goals

Summary of progress towards goals

Summary of progress towards goals

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Details of agreed changes to Action Plan

Details of agreed changes to Action Plan

Details of agreed changes to Action Plan

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Customer Signature

Customer Signature

Customer Signature

Service Provider Signature.....

Service Provider Signature.....

Service Provider Signature.....

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Section 9 Additional information

Section 10 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 Action Plan.

Customer Signature	Service Provider Signature	Position
Date	Print Name	Date