



Employability Fund Individual training plan

Where there are tick boxes, please tick all that apply

Print and sign completed document

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

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

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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

.....
Details of agreed changes to ITP

.....
Details of agreed changes to ITP

.....
Details of agreed changes to ITP

.....
Participant Signature

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Participant Signature

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Participant Signature

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EF Provider Signature

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EF Provider Signature

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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